
MARTIN-TYRRELL-WASHINGTON DISTRICT HEALTH DEPARTMENT



Roanoke River Martin County NC

Martin County Community Health Needs Assessment 2018

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Executive Summary

Martin County is pleased to present its 2018 Community Health Needs Assessment. This report provides an overview of the methods and process used to identify and prioritize significant health needs in Martin County.

Service Area

The service area for this report is defined as the geographical boundary of Martin County, North Carolina. Martin County is located inland from the coastal area of the state and has an area of 462 square miles, of which 461 square miles is land and 0.3 square miles is water.

Methods for Identifying Community Health Needs

Secondary Data

Secondary data used for this assessment were collected and analyzed from Conduent HCI's community indicator database. The database, maintained by researchers and analysts at Conduent HCI, includes over 100 community indicators from various state and national data sources such as the North Carolina Department of Health and Human Services, the Centers for Disease Control and Prevention and the American Community Survey. See Appendix B for a full list of data sources used.

Indicator values for Martin County were compared to North Carolina counties and U.S. counties to identify relative need. Other considerations in weighing relative areas of need included comparisons to North Carolina state values, comparisons to national values, trends over time, Healthy People 2020 targets and Healthy North Carolina 2020 targets. Based on these seven different comparisons, indicators were systematically ranked from high to low need. For a detailed methodology of the analytic methods used to rank secondary data indicators see Appendix B.

Primary Data

The primary data used in this assessment consisted of (1) a community survey distributed through online and paper submissions and (3) focus group discussions. Almost 400 Martin County residents contributed their input on the community's health and health-related needs, barriers, and opportunities, with special focus on the needs of vulnerable and underserved populations.

See Appendix C for all primary data collection tools used in this assessment.

Summary of Findings

The CHNA findings are drawn from an analysis of an extensive set of secondary data (over 100 indicators from national and state data sources) and in-depth primary data from community leaders, health and non-health professionals who serve the community at large, vulnerable populations, and populations with unmet health needs. Through a synthesis of the primary and secondary data the significant health needs were determined for Martin County and are displayed in Table 1.

Table 1. Significant Health Needs

Diabetes
Economy
Exercise, Nutrition & Weight
Heart Disease & Stroke
Maternal, Fetal & Infant Health
Mental Health & Mental Disorders
Other Chronic Diseases
Substance Abuse

Based on a complete review of the data and consideration of existing resources and programming in the county, the significant health priorities identified by the county are as follows:

- Mental Health/Stress Management/Substance Misuse
- Chronic Disease (Diabetes, Alzheimer)
- Physical Activity/Nutrition
- Oral Health (Lower Cavities in Children & Adults)

Conclusion

This report describes the process and findings of a comprehensive health needs assessment for the residents of Martin County, North Carolina. The prioritization of the identified significant health needs will guide community health improvement efforts of Martin County. Following this process, Martin County will outline how they plan to address the prioritized health needs in their implementation plan.

Introduction

Martin County is pleased to present the 2018 Community Health Needs Assessment, which provides an overview of the significant community health needs identified in Martin County, North Carolina.

The goal of this report is to offer a meaningful understanding of the most pressing health needs across Martin County, as well as to guide planning efforts to address those needs. Special attention has been given to the needs of vulnerable populations, unmet health needs or gaps in services, and input gathered from the community.

Findings from this report will be used to identify, develop and target initiatives to provide and connect community members with resources to improve the health challenges in their communities.

The 2018 Martin County Community Health Needs Assessment was developed through a partnership between Martin-Tyrrell-Washington District Health, Vidant Health, Health ENC and Conduent Healthy Communities Institute, with Vidant Health serving as the fiscal sponsor.

About Health ENC

Initiated in 2015 by the Office of Health Access at the Brody School of Medicine at East Carolina University, Health ENC grew out of conversations with health care leaders about improving the community health needs assessment (CHNA) process in eastern North Carolina. Health ENC, now a program of the Foundation for Health Leadership and Innovation (FHLI), coordinates a regional CHNA in 33 counties of eastern North Carolina. In addition, the Health ENC Program Manager works to build coalitions and partnerships that will address health issues identified through the regional CHNA process.

As part of the Affordable Care Act, not for profit and government hospitals are required to conduct CHNAs every three years. Similarly, local health departments in North Carolina are required by the Division of Public Health (DPH) in the NC Department of Health and Human Services (DHHS) to conduct periodic community health assessments as well. Local health departments have been required to submit their community health needs assessments once every four years. The particular year CHNA submissions are made by hospitals within a three-year cycle or by local health departments within a four-year cycle is not uniform across the state or region.

Additionally, although local health departments and hospitals have guidance from their respective oversight authorities on how to conduct and report the results of their CHNAs, that guidance allows for wide variations in the execution of these reports. The methodologies, specific data items gathered, the interpretation of the data as well as the general approach and scope of one CHNA may have little resemblance to a CHNA in another jurisdiction or conducted by another organization.

For these reasons, health care leaders across eastern North Carolina have partnered to standardize the CHNA process for health departments and hospitals in the region. This effort will also sync all participant organizations on to the same assessment cycle. Combining efforts of local health departments and hospitals in a regional CHNA will ultimately lead to an improvement in the

quality and utility of population health data, the ability to compare and contrast information and interventions across geographic boundaries, and the reduction of costs for everyone involved, while maintaining local control and decision-making with regard to the selection of health priorities and interventions chosen to address those priorities. Simultaneously, it will create opportunities for new and better ways to collaborate and partner with one another.

Upon receipt of generous funding support provided by The Duke Endowment, the Office of Health Access at ECU's Brody School of Medicine transferred administrative and operational responsibility for Health ENC to the Foundation for Health Leadership and Innovation in 2018. The project continues to be guided by a steering committee representing local health departments, hospitals and other stakeholders committed to improving the health of the people of eastern North Carolina.

Member Organizations

Health ENC is comprised of more than 40 organizations. Twenty-two hospitals, twenty-one health departments and two health districts participated in the regional CHNA.

Partner Organizations

- Foundation for Health Leadership & Innovation
- ECU Brody School of Medicine
- The Duke Endowment

Hospitals and Health Systems

- Cape Fear Valley Health (Cape Fear Valley Medical Center, Hoke Hospital and Bladen County Hospital)
- Carteret Health Care
- Halifax Regional Medical Center
- Johnston Health
- UNC Lenoir Health Care
- Nash Health Care System
- Onslow Memorial Hospital
- The Outer Banks Hospital
- Pender Memorial Hospital
- Sampson Regional Medical Center
- Sentara Albemarle Medical Center
- Vidant Beaufort Hospital
- Vidant Bertie Hospital
- Vidant Chowan Hospital
- Vidant Duplin Hospital
- Vidant Edgecombe Hospital
- Vidant Medical Center
- Vidant Roanoke-Chowan Hospital
- Wayne UNC Health Care
- Wilson Medical Center

Health Departments and Health Districts

- Albemarle Regional Health Services
- Beaufort County Health Department
- Bladen County Health Department
- Carteret County Health Department
- Cumberland County Health Department
- Dare County Department of Health and Human Services
- Duplin County Health Department
- Edgecombe County Health Department
- Franklin County Health Department
- Greene County Department of Public Health
- Halifax County Public Health System
- Hoke County Health Department
- Hyde County Health Department
- Johnston County Public Health Department
- Lenoir County Health Department
- Martin-Tyrrell-Washington District Health Department
- Nash County Health Department
- Onslow County Health Department
- Pamlico County Health Department
- Pitt County Health Department
- Sampson County Health Department
- Wayne County Health Department
- Wilson County Health Department

Steering Committee

Health ENC is advised by a Steering Committee whose membership is comprised of health department and hospital representatives participating in the regional CHNA, as well as other health care stakeholders from eastern North Carolina. The program manager oversees daily operations of the regional community health needs assessment and Health ENC.

Health ENC Program Manager

- Will Broughton, MA, MPH, CPH - Foundation for Health Leadership & Innovation

Health ENC Steering Committee Members

- Constance Hengel, RN, BSN, HNB-BC - Director, Community Programs and Development, UNC Lenoir Health Care
- James Madson, RN, MPH - Steering Committee Chair, Health Director, Beaufort County Health Department
- Battle Betts - Director, Albemarle Regional Health Services
- Caroline Doherty - Chief Development and Programs Officer, Roanoke-Chowan Community Health Center
- Melissa Roupe, RN, MSN - Sr Administrator, Community Health Improvement, Vidant Health

- Davin Madden – Health Director, Wayne County Health Department
- Angela Livingood – Pharmacy Manager, Pender Memorial Hospital
- Lorrie Basnight, MD, FAAP - Executive Director, Eastern AHEC, Associate Dean of CME, Brody School of Medicine
- Anne Thomas- President/CEO, Foundation for Health Leadership & Innovation

HealthENC.org

The [Health ENC](https://HealthENC.org) web platform, shown in Figure 1, is a resource for the community health needs assessment process in eastern North Carolina. The website serves as a “living” data platform, providing public access to indicator data that is continuously updated, easy to understand and includes comparisons for context. Much of the data used in this assessment is available on HealthENC.org and can be downloaded in multiple formats. Results of the 2018 Eastern North Carolina Community Health Survey can be downloaded by county or the entire Health ENC Region.

In addition to indicator data, the website serves as a repository for local county reports, funding opportunities, 2-1-1 resources and more. Health departments, hospital leaders and community health stakeholders in the 33-county region are invited to use the website as a tool for community assessment, strategic planning, identifying best practices for improvement, collaboration and advocacy.

Visit HealthENC.org to learn more.

Figure 1. Health ENC Online Data Platform



Consultants

Health ENC commissioned Conduent Healthy Communities Institute (HCI) to assist with its Community Health Needs Assessment.

Conduent Healthy Communities Institute is a multi-disciplinary team of public health experts, including healthcare information technology veterans, academicians and former senior government officials, all committed to help health-influencing organizations be successful with their projects. Conduent HCI uses collaborative approaches to improve community health and provides web-based information systems to public health, hospital and community development sectors, to help them assess population health.

Conduent HCI works with clients across 38 states to drive improved community health outcomes by assessing needs, developing focused strategies, identifying appropriate intervention programs, establishing progress monitoring systems, and implementing performance evaluation processes. Working with diverse clients nationwide has contributed to Conduent HCI's national knowledge base of population health solutions. In addition, by engaging directly with clients and communities through the primary data collection process and final workshops, Conduent HCI works on behalf of our clients to build trust between and among organizations and their communities.

To learn more about Conduent HCI, please visit <https://www.conduent.com/community-population-health/>.

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Martin County Community CHNA Collaborative

This document was developed by Martin-Tyrrell-Washington District Health in partnership with Martin County Department of Social Services, Martin County Smart Start, Martin County Government, Martin County Schools, Trillium, Martin County Cooperative Extension, Martin County Senior Center, Faith Communities and the Martin County Sheriff's Office, as well as community members. The members of local partnerships are representatives of the agencies and organizations that serve the health and human service of needs of the local population, as well as representatives from businesses and civic groups. Martin County does have a hospital, Martin General, but is a for profit hospital.

Community Health Team Structure

The Community Health Needs Assessment (CHNA) was developed by Martin-Tyrrell-Washington District Health which established a CHNA Leaders Team to help lead the process for community members. The CHNA Leaders Team comprised of members that included county residents as well as representatives from various local agencies and organizations throughout the county service area. The CHNA Leaders Team members brought a wealth of knowledge and expertise on an assortment of issues throughout the prioritization process. The CHNA Leaders Team met three times between February 2019 – May 2019 to review the strategies for conducting primary data collection for CHNA, provide feedback, and to stay informed of the process.

Collaboration between MTW District Health and all the other local partners made this assessment possible. Members of the group spent numerous hours attending meetings, collecting survey data, promoting and servicing as moderators for focus group discussions, and attending presentations. These partners also played an active role in the priority selection process.

Partners in the 2018 CHNA process for MTW District Health include:

- Vidant Hospital
- Martin-Tyrrell-Washington District Health
- Martin County Government
- Martin County Cooperative Extension
- Martin County Businesses
- Martin County Schools
- Martin County Senior Center
- Martin County Department of Social Services
- Martin County Fire & Rescue
- Martin County Sheriff's Office
- Faith Communities
- Community Members

Local community members worked with MTW Health Educators to apply the grass root efforts to ensure the citizens of Martin County's views were heard and demographic characteristics of participants were considered to ensure that results portrayed an accurate picture of the entire county.

Distribution

MTW District Health will share results from the Community Health Needs Assessment (CHNA) during meetings to county and city governments, local civic groups, faith organizations, business leaders, and through other community outreach events. The CHNA documents can be found on the Martin-Tyrrell-Washington District Health website at www.mtwdistricthealth.org. Efforts will be made with other agencies and local government, including county websites, to provide links to the information. MTW also plans to work with the local newspapers to provide news releases to the public about the findings made in each county. Hard copies will be left in the local libraries for community review.

Evaluation of Progress since Prior CHNA

The community health improvement process should be viewed as an inactive cycle. An important piece of that cycle is revisiting the progress made on priority health topics set forth in the preceding community health needs assessment. By reviewing the actions taken to address priority health issues and evaluating the impact those actions have made in the community, it is possible to better target resources and efforts during the next round of the CHNA cycle.

As part of the 2014 Community Health Needs Assessment, the following health categories were selected as prioritized health needs:

- Chronic Diseases (including heart disease, diabetes, asthma)
- Substance Abuse Prevention (Prescription and illegal drugs)
- STDs

A detailed table describing the strategies/action steps and indicators of improvement for each priority area can be found in [Appendix A](#).

Community Feedback on Prior CHNA

The 2014 Martin County Community Health Needs Assessment was made available to the public via the Martin-Tyrrell-Washington District Health website. Community members were invited to submit feedback and questions to either organization. No comments had been received on the preceding CHNA at the time this report was written.

*Methodology

Overview

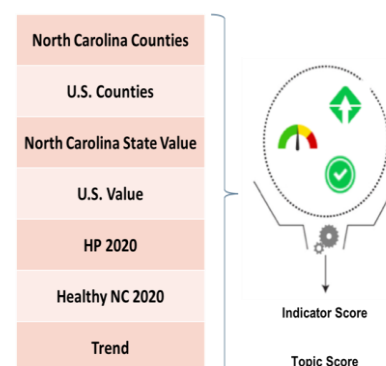
Two types of data are analyzed for this Community Health Needs Assessment: secondary data and primary data. Secondary data is data that has been collected from other sources while primary data has been collected directly as a part of this report. Each type of data is analyzed using a unique methodology, and findings are organized by health topic areas. These findings are then synthesized for a comprehensive overview of the health needs in Martin County.

Secondary Data Sources & Analysis

The main source of the secondary data used for this assessment is [HealthENC.org](http://www.healthenc.org/)¹, a web-based community health platform developed by Conduent Healthy Communities Institute. The Health ENC dashboard brings non-biased data, local resources, and a wealth of information in one accessible, user-friendly location. The secondary data analysis was conducted using Conduent HCI's data scoring tool, and the results are based on the 144 health and quality of life indicators that were queried on the Health ENC dashboard on July 18, 2018. The data are primarily derived from state and national public data sources. For each indicator on the platform, there exist several comparisons to assess Martin County's status, including how Martin County compares to other communities, whether health targets have been met, and the trend of the indicator value over time.

Conduent HCI's data scoring tool systematically summarizes multiple comparisons to rank indicators based on highest need (Figure 2). For each indicator, the Martin County value is compared to a distribution of North Carolina and U.S. counties, state and national values, Healthy People 2020 targets, Healthy North Carolina 2020 targets, and the trend over the four most recent time periods of measure. Each indicator is then given a score based on the available comparisons. The scores range from 0 to 3, where 0 indicates the best outcome and 3 indicates the worst outcome. Availability of each type of comparison varies by indicator and is dependent upon the data source, comparability with data collected from other communities, and changes in methodology over time. The indicators are grouped into topic areas for a higher-level ranking of community health needs.

Figure 2. Secondary Data Scoring



Please see Appendix B for further details on the secondary data scoring methodology.

Health and Quality of Life Topic Areas

Table 2 shows the health and quality of life topic areas into which indicators are categorized. These topic areas are broadly based on the Healthy People 2020 framework, with each topic area containing multiple indicators. The five topic areas exhibiting the most significant need as

¹ Health ENC is an online platform that provides access to health, economic and quality of life data, evidence-based programs, funding opportunities and other resources aimed at improving community health. The platform is publicly available and can be accessed at <http://www.healthenc.org/>.

evidenced by the secondary data analysis are included for in-depth exploration in the data findings. Four topic areas specific to population subgroups, including Children’s Health, Men’s Health, Women’s Health, and Older Adults & Aging, include indicators spanning a variety of topics. If a subgroup receives a high topic score, it is not highlighted independently as one of the top 5 findings but is discussed within the narrative as it relates to highly impacted populations. Three additional categories (County Health Rankings, Mortality Data, and Wellness & Lifestyle) are not considered for in-depth exploration, since all three are general categories that include indicators spanning a wide variety of topics. Topic areas with fewer than three indicators are considered to have data gaps and do not receive topic scores. These topics are indicated by an asterisk in Table 2.

Table 2. Health and Quality of Life Topic Areas

Access to Health Services	Family Planning*	Prevention & Safety
Cancer	Food Safety*	Public Safety
Children's Health*	Heart Disease & Stroke	Respiratory Diseases
County Health Rankings	Immunizations & Infectious Diseases	Social Environment
Diabetes	Maternal, Fetal & Infant Health	Substance Abuse
Disabilities*	Men's Health	Teen & Adolescent Health*
Economy	Mental Health & Mental Disorders	Transportation
Education	Mortality Data	Vision*
Environment	Older Adults & Aging	Wellness & Lifestyle
Environmental & Occupational Health	Other Chronic Diseases	Women's Health
Exercise, Nutrition, & Weight	Oral Health*	

*Topic area has fewer than 3 indicators and is considered a data gap. No topic score is provided.

Health ENC Region Comparison

When available, county-level data are compared to the state of North Carolina, as well as Health ENC Counties. The Health ENC region consists of 33 counties in eastern North Carolina participating in the regional CHNA: Beaufort, Bertie, Bladen, Camden, Carteret, Chowan, Cumberland, Currituck, Dare, Duplin, Edgecombe, Franklin, Gates, Greene, Halifax, Hertford, Hoke, Hyde, Johnston, Lenoir, Martin, Nash, Onslow, Pamlico, Pasquotank, Pender, Perquimans, Pitt, Sampson, Tyrrell, Washington, Wayne and Wilson. Values for the Health ENC region were calculated by aggregating data from these 33 counties.

Primary Data Collection & Analysis

To expand upon the information gathered from the secondary data, Health ENC Counties collected community input. Primary data used in this assessment consists of focus groups and both an English-language and Spanish-language community survey. All community input tools are available in Appendix C.

Community Survey

Community input was collected via a 57-question online and paper survey available in both English and Spanish. Survey Monkey was the tool used to distribute and collect responses for the community survey. Completed paper surveys were entered in the Survey Monkey tool.

The community survey was distributed across Health ENC's entire survey area from April 18, 2018 – June 30, 2018.

Survey Distribution

Members of the Martin County CHNA Leaders Team, assisted by members of the county community volunteers, local agencies and businesses, conducted the community health survey using electronic/paper surveys and a “convenience sample” technique. Surveys were taken to places where people were gathered for other purposes, for example, meetings, workplaces, waiting rooms, community events, farmer's markets, etc. The sample sites were deliberately chosen to assure that the participants would be representative of the demographic distribution of the community in each participating county. Surveys, which were available in English and Spanish versions, were distributed and retrieved by the volunteers in one sitting. Surveys plainly stated, and participants were reminded, that their responses would be confidential and not linked to them personally in any way.

Table 3 summarizes the number of survey respondents. A total of 18,917 responses were collected across all 33 counties, with a survey completion rate of 86.5%, resulting in 16,358 complete responses across the entire survey area. A total of 410 responses were collected from Martin County residents, with a survey completion rate of 89%, resulting in 365 complete responses from Martin County. The survey analysis included in this CHNA report is based on complete responses.

Table 3. Survey Respondents

Service Area	Number of Respondents*		
	English Survey	Spanish Survey	Total
All Health ENC Counties	15,917	441	16,358
Martin County	361	4	365

*Based on complete responses

Survey participants were asked a range of questions related - but not limited - to what populations are most negatively affected by poor health outcomes in Martin County, what their personal health challenges are, and what the most critical health needs are for Martin County. The survey instrument is available in Appendix C.

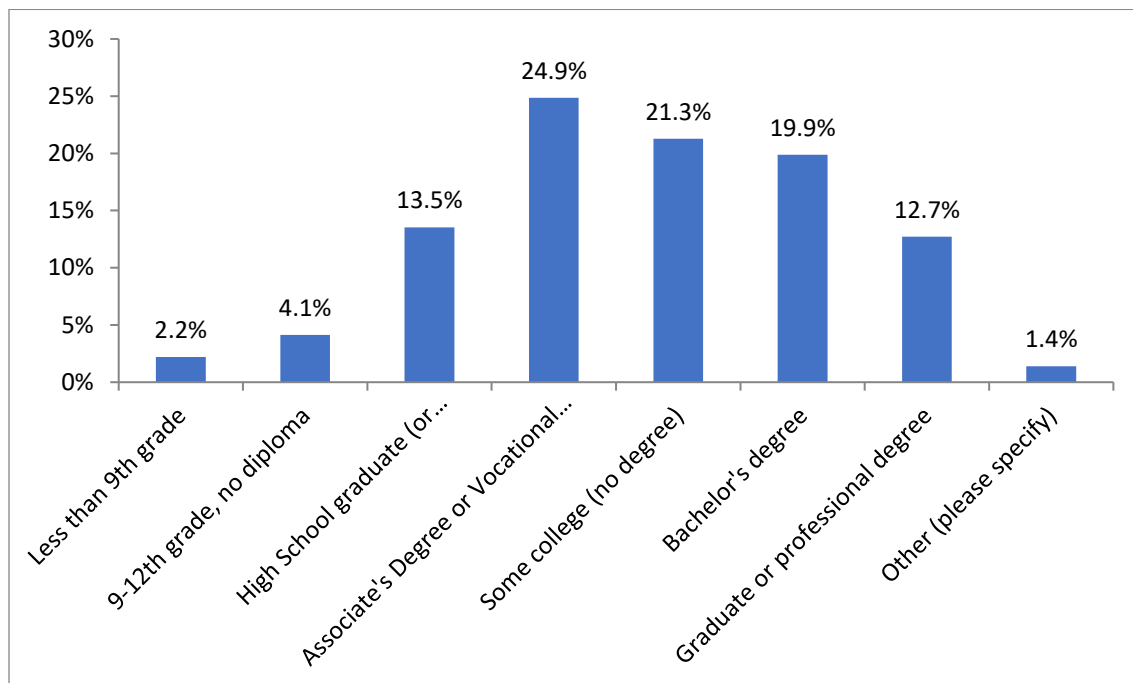
Demographics of Survey Respondents

The following charts and graphs illustrate Martin County demographics of the community survey respondents.

Among Martin County survey participants, 59.6% of respondents were between the ages of 40-59, with the highest concentration of respondents (14.3%) grouped into the 55-59 age group. Most respondents were female (75%), White (76%), spoke English at home (95.6%), and Not Hispanic (93.4%).

Survey respondents had varying levels of education, with the highest share of respondents (24.9 %) having an associate's degree or vocational training and the next highest share of respondents (21.3 %) having had some college education (no degree) (Figure 3).

Figure 3. Education of Community Survey Respondents



As shown in Figure 4, over half of the respondents were employed full-time (56.8%) and the highest share of respondents (25 %) had household annual incomes from \$50,000 to \$74,999 before taxes. The average household size was 2.8 individuals.

Figure 4. Employment Status of Community Survey Respondents

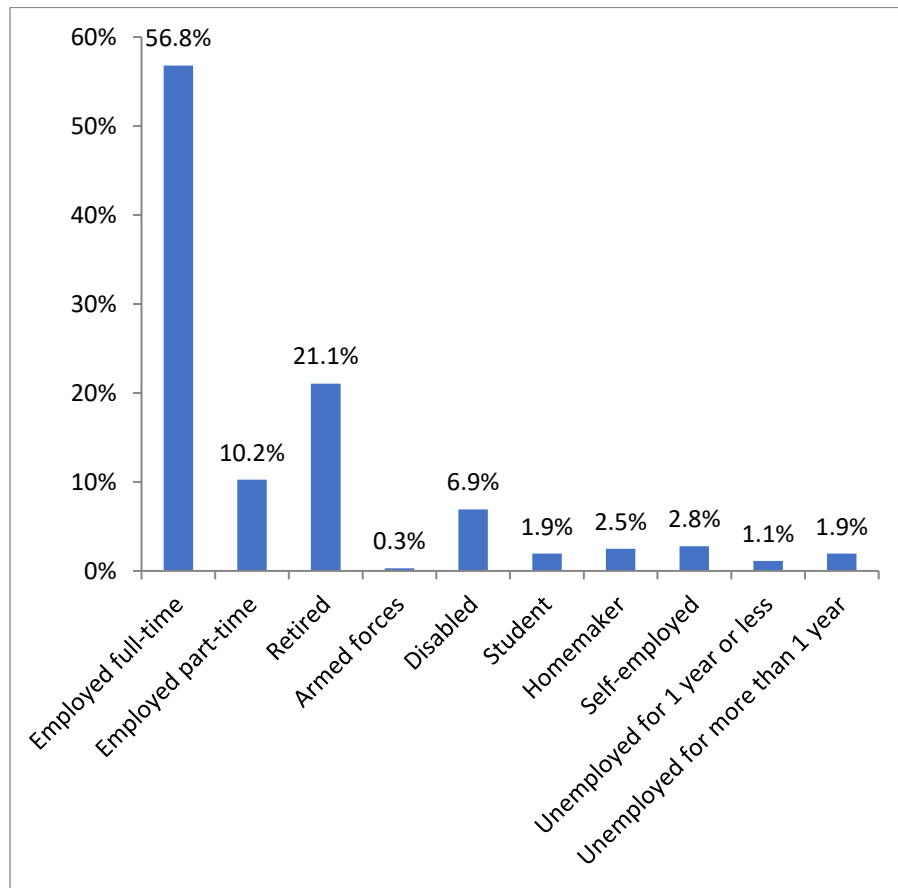
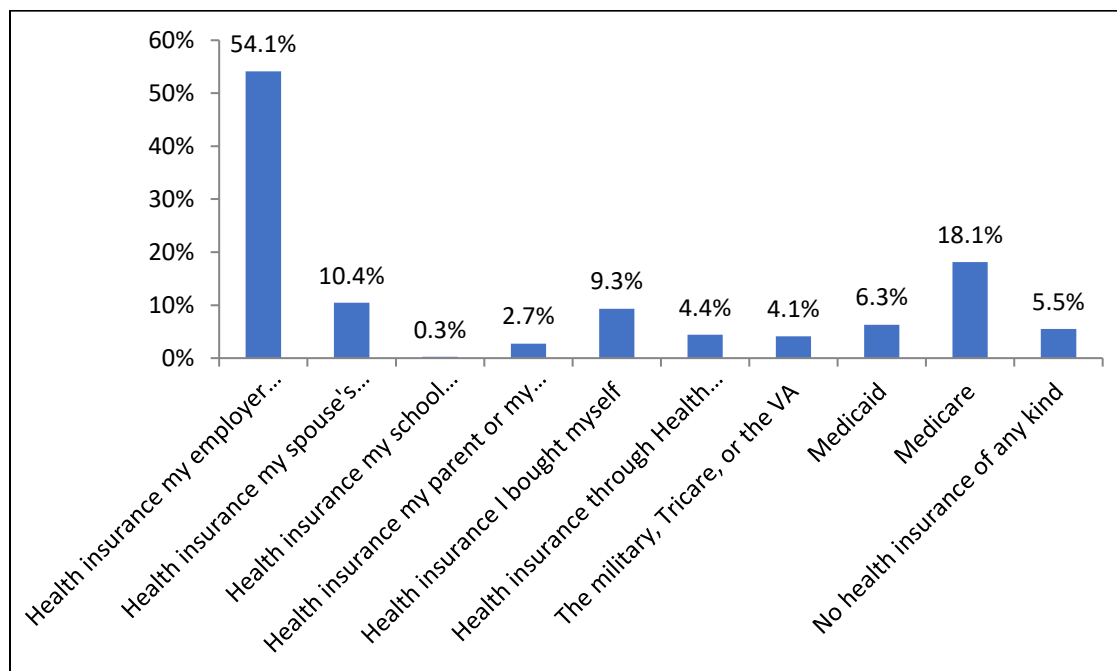


Figure 5 shows the health insurance coverage of community survey respondents. More than half of survey respondents have health insurance provided by their employer (54.1%) or their spouse's employer (12.1%), while 18.1% have Medicare and 5.5% have no health insurance of any kind.

Figure 5. Health Care Coverage of Community Survey Respondents



Overall, the community survey participant population consisted of white women with varying levels of education and income. The survey was a convenience sample survey, and thus the results are not representative of the community population.

Key findings from select questions on the community survey are integrated into this report by theme or topic area, with an emphasis on the most significant needs as evidenced by both primary and secondary data. This approach is intended to offer a meaningful understanding of health needs. A summary of full survey results (all 57 questions) is available on HealthENC.org. Full results can be downloaded by county or for the entire Health ENC Region.

Focus Group Discussions

Another form of community input was collected through focus groups. Focus groups are carefully constructed dialogues that invite diverse groups of people to discuss important and pressing issues. Focus groups provide community members an opportunity to engage in productive learning and sharing sessions. Focus group discussions focused on community strengths, opportunities for improvement, existing resources, health needs, and possible solutions for improving the health of Martin County. A list of questions asked at the focus groups is available in Appendix C.

The purpose of the focus groups for Health ENC’s 2018 CHNA/CHA was to engage with a broad cross-section of individuals from each county, such as migrant worker groups, healthcare workers, or county employees, to name a few.

Conduent HCI consultants developed a Focus Group Guide and led training webinars for Health ENC members. Topics included facilitation techniques, moderator and note taker roles, as well as tips and expectations for documenting focus group discussions. The list of focus group questions was reviewed, and a transcript was provided for documentation purposes.

MTW partnered with Vidant Health to collect primary data for the 2018 CHNA process for Martin County. Focus groups were led by trained moderators to learn more about the community’s definitions and understandings of health, illness, and services that affect health attitudes, beliefs, and behaviors. The CHNA Leaders Team collected data directly from county residents to better understand their health status, needs, and county resources. Data was collected from a wide variety of county residents to assure that the data represent all parts of the county population.

Three focus group discussions were completed within Martin County between June 10, 2018 – July 26, 2018 with a total of 24 individuals. Participants included [insert population types]. Table 4 shows the date, location, population type, and number of participants for each focus group.

Table 4. List of Focus Group Discussions

Date Conducted	Focus Group Location	Population Type	Number of Participants
7/10/2018	Martin County Board of Education	General Population	7
7/26/2018	Martin County Senior Center	General Population	8
7/12/2018	Williamston Scout Hut	General Population	9

Focus group transcripts were coded and analyzed by common theme. The frequency with which a topic area was discussed in the context of needs and concerns or barriers and challenges to achieving health was used to assess the relative importance of the need in the community. Key themes that emerged from the focus group discussions are integrated into this report by topic area, with an emphasis on the most significant needs as evidenced by both primary and secondary data. A deeper analysis of focus group findings is available on HealthENC.org.

Results of the focus group dialogues compliment the results from other forms of primary data collected (the community survey) and supports the findings from the secondary data scoring. By synthesizing the discussions that took place at the focus groups in tandem with the responses from the community survey, the primary data collection process for Wilson County is rich with involvement by a cross section of the community.

Data Considerations

Several limitations of the data should be considered when reviewing the findings presented in this report. Although the topics by which data are organized cover a wide range of health and health-related areas, within each topic there is a varying scope and depth of data availability. In some

topics there is a robust set of secondary data indicators, but in others there may be a limited number of indicators for which data is collected, or limited subpopulations covered by the indicators.

Data scores represent the relative community health need according to the secondary data that is available for each topic and should not be a comprehensive result on their own. In addition, these scores reflect what was found in the secondary data for the population, and do not factor in the health or socioeconomic need that is much greater for some subpopulations. In addition, many of the secondary data indicators included in the findings are collected by survey, and though methods are used to best represent the population at large, these measures are subject to instability—especially among smaller populations. The infant mortality rate indicator was corrected after the development of the content for this report. The values have been updated here and the impact was determined to be minimal to the analysis overall.

The disparities analysis, used to analyze the secondary data, is also limited by data availability. In some instances, data sources do not provide subpopulation data for some indicators, and for other indicators, values are only available for a select number of race/ethnic groups. Due to these limitations, it is not possible to draw conclusions about subpopulation disparities for all indicators.

The breadth of primary data findings is dependent on several factors. Focus group discussion findings were limited by which community members were invited to and able to attend focus group discussions, as well as language barriers during discussion for individuals whose native language is not English. Because the survey was a convenience sample survey, results are vulnerable to selection bias, making findings less generalizable for the population as whole.

Prioritization

A dynamic phase of the Community Health Needs Assessment (CHNA) involves reporting out to the communities being served and to those residents who participated in the data gathering process. Community health presentations were held to provide the opportunity for community residents and key stakeholder. The data was presented by MTW and Vidant Health through presentations geographically dispersed throughout the MTW District.

The presentations were widely promoted through email invitations, newspaper announcements, the MTW website, social media outlets, and by partnering organizations to bring the community together and strengthen an environment where the individuals were empowered in the decisions highlighted through the prioritization process.

Key stakeholders from Martin County were convened on February 12, 2019 to review secondary and primary data from the CHNA data collection process. Following the data review and additional discussion, participants were guided through a nominal group technique where decision-making could be finalized. The nominal group technique was utilized to assure everyone's feedback and opinions were considered (as opposed to traditional voting, where the majority rules). During this process, some priorities were combined as appropriate to finalize the top health priorities for Martin County. As a result of this process, Martin County will work to develop action plans addressing these identified health priorities:

After discussions, participants were then asked to use the priority list that was developed for each county to vote on their top three priority issues by placing a colored sticker next to their choices. After the post-presentation results were collected, the health issues were tallied. The priorities were:

- Chronic Disease
- STDs
- Mental Health/Substance Abuse Misuse

It is important to note that these three priorities have been selected for a diverse county coalition, so certain priorities may be more applicable to some counties than to others.

Overview of Martin County

About Martin County

“Annexed from Halifax and Tyrrell Counties during the anxious year of 1774, Martin County was established at the request of weary residents who had traveled long distances to faraway government seats. William Slade, a representative who served in the House of Commons, sponsored several proposals to form a new county in the colony’s coastal region during the early 1770s. However, none of Slade’s bills were passed during his tenure. Eventually, Martin County was established a few months before the North Carolina Provincial Congress assembled to resist the British government. Although the original charter did not allow for the building of a courthouse, a law was later passed which levied a tax on Martin County residents for the construction of needed municipal buildings.

The county received its name in honor of the last royal governor of North Carolina, Josiah Martin. Even though Josiah Martin angered many North Carolinians, the residents of Martin County kept the name; however, it was from then on used to honor Alexander Martin, a prominent Federalist of the Old North State. Incorporated in 1779, Williamston, the county seat, soon became known as “Tar Landing” because of its important location along the Roanoke River. Throughout the nineteenth century and even into the twentieth century, Williamston served as a transportation center for naval stores such as tar, pitch, turpentine and even forest and meat products. The railroads along with the soon-to-follow highways opened Williamston to even greater trade during the 1900s. Other communities include Oak City, Hamilton, Bear Grass, Everetts, Gold Point, Jamesville, Hassell, Parmele, Darden, and Robersonville.

The first natives in the region were the Tuscarora, who referred to the region as “Squhawky.” The Tuscarora lived off the lush forest of present-day Martin County, and they used the Roanoke River as an important trade route with other tribes in the coastal plain region. By the time the first English settlers inhabited the area in the early 1770s, the Tuscarora had migrated to other sites in North Carolina and Virginia.

Martin County’s early history has a connection to the Williams family. The seat of government in the county received its name in honor of Colonel William Williams, a Revolutionary War hero, who owned several plantations and estates in the northwestern section of the county. Williams’s father, also named William Williams, had settled in the region during early 1700s. He and his family squatted on a track of land on the southern edge of the Roanoke River. William Williams II, colonel of Martin County’s militia during the Revolutionary War, served as the county’s first senator in the General Assembly in 1777.

Demographic Profile

The demographics of a community significantly impact its health profile. Population growth has an influence on the county’s current and future needs. Specific population subgroups, including veterans and different age, gender, race and ethnic groups, may have unique needs and require varied approaches to health improvement efforts. The following section explores the demographic profile of Martin County, North Carolina.

Population

According to the U.S. Census Bureau's 2016 population estimates, Martin County has a population of 23,172 (Figure 6). The population of Martin County has slightly from 2013 to 2016.

Figure 6. Total Population (U.S. Census Bureau)

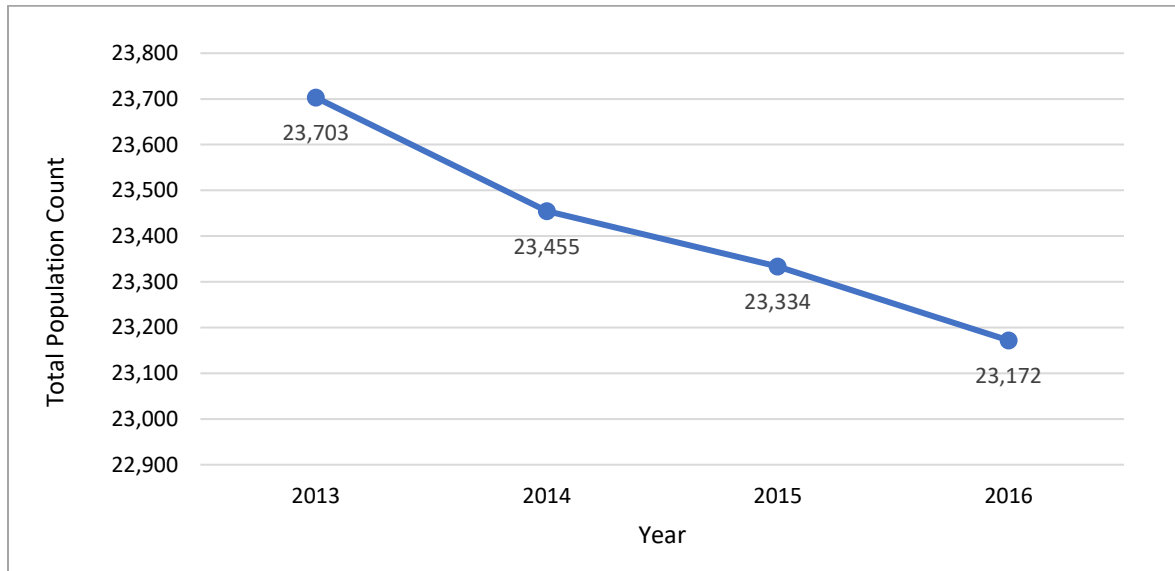
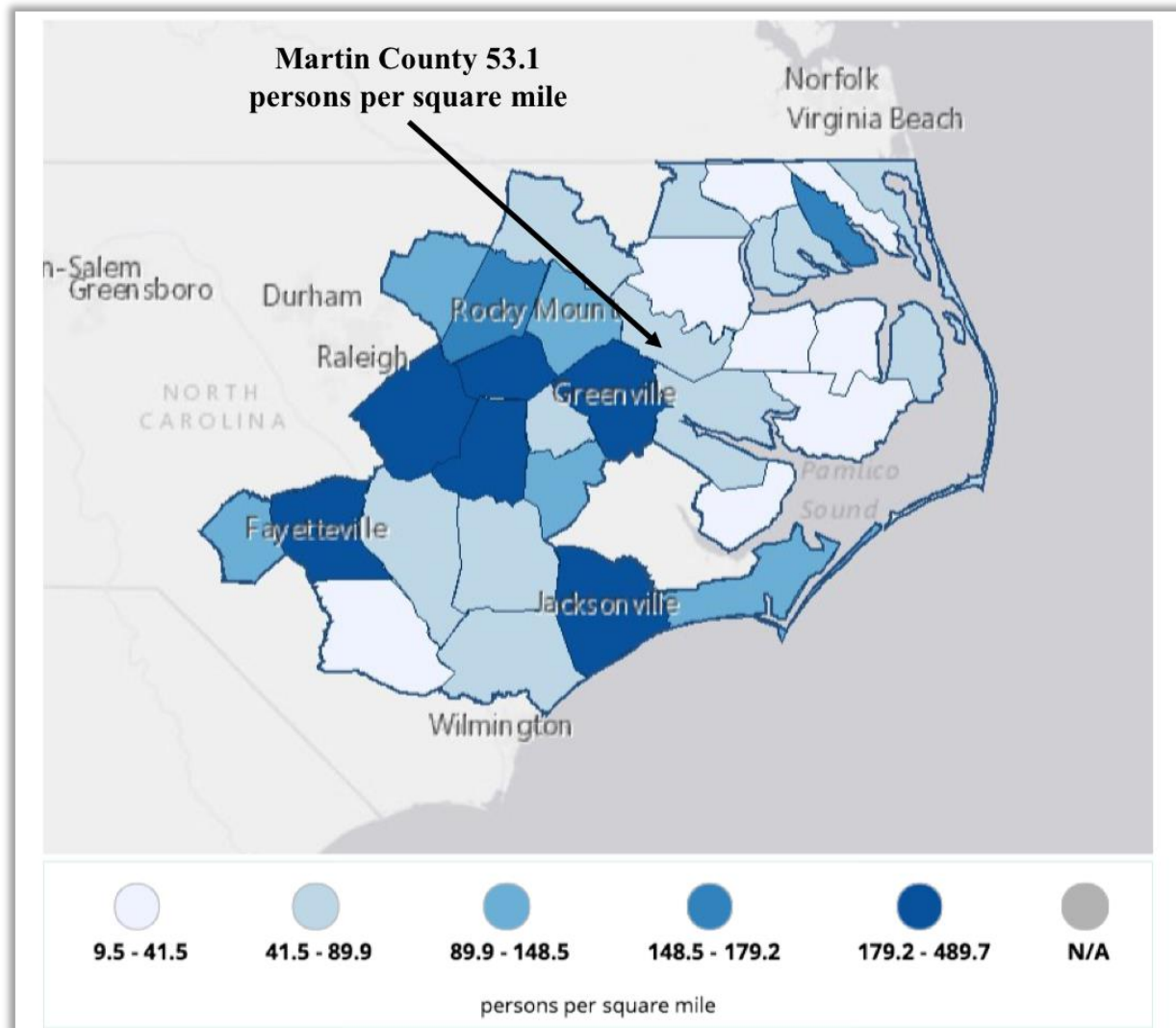


Figure 7 shows the population density of Martin County compared to other counties in the Health ENC region. Martin County has a population density of 53.1 persons per square mile.

Figure 7. Population Density of Health ENC Counties (U.S. Census Bureau, 2010)

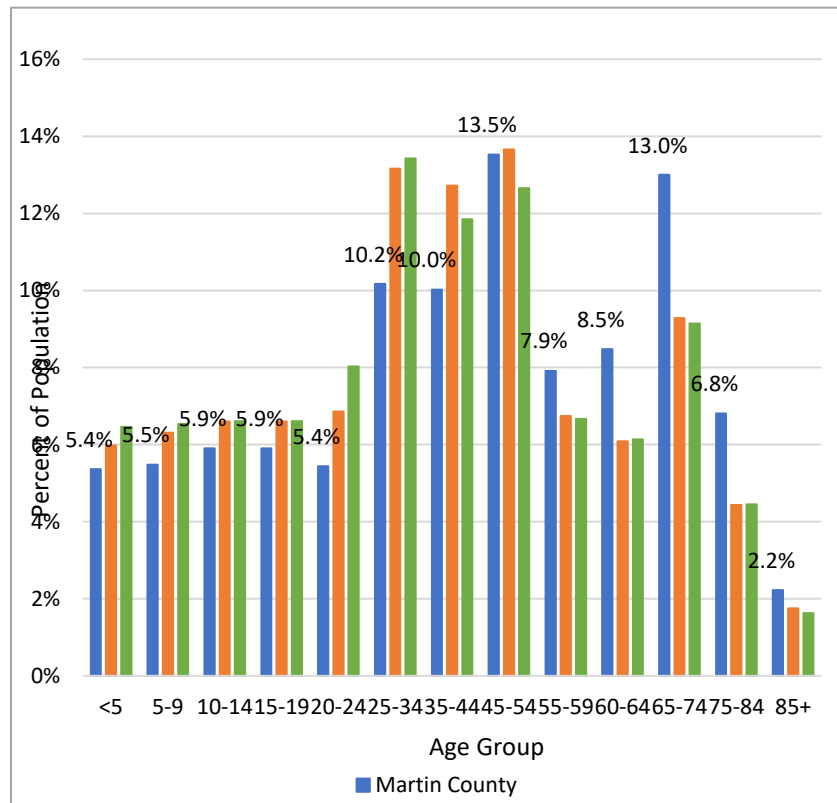


Age and Gender

Overall, Martin County residents are older than residents of North Carolina and the Health ENC region.

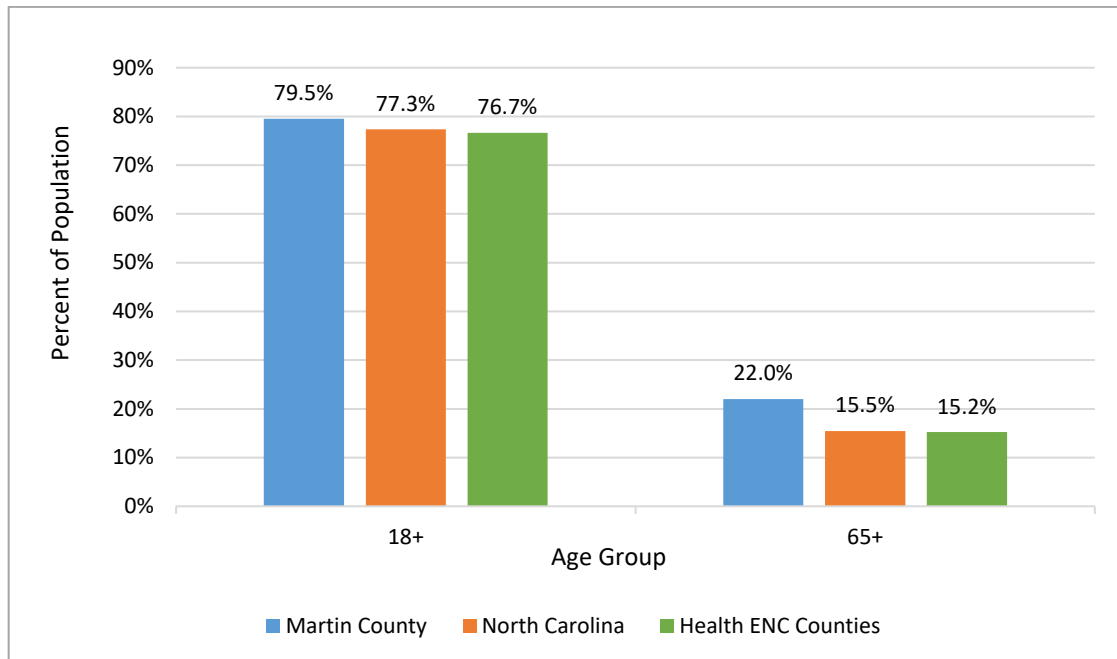
Figure 8 shows the Martin County population by age group. The 45-54 age group contains the highest percent of the population at 13.5%, while the 65-74 age group contains the next highest percent of the population at 13.0%.

Figure 8. Population by Age (U.S. Census Bureau, 2016)



People 65 years and older comprise 22.0% of the Martin County population, compared to 15.5% in North Carolina and 15.2% in the Health ENC counties (Figure 9).

Figure 9. Population 18+ and 65+ (U.S. Census Bureau, 2016)



Males comprise 47.0% of the population, whereas females comprise 53.0% of the population (Table 5). The median age for males is 45.1 years, whereas the median age for females is 47.6 years. Both are higher than the North Carolina median age (37.2 years for males and 40.1 years for females).

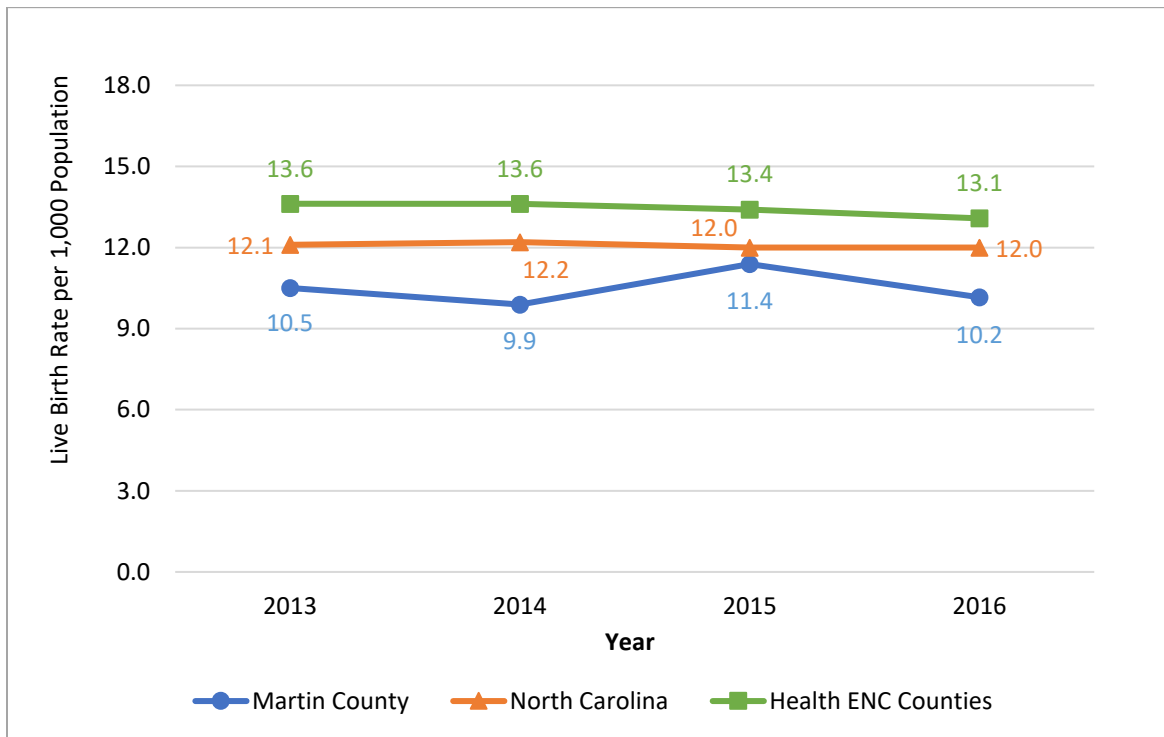
Table 5. Population by Gender and Age (U.S. Census Bureau, 2016)

	Percent of Total Population		Percent of Male Population		Percent of Female Population		Median Age (Years)	
	Male	Female	18+	65+	18+	65+	Male	Female
Martin County	47.0%	53.0%	78.4%	20.1%	80.5%	23.7%	45.1	47.6
North Carolina	48.6%	51.4%	76.3%	13.9%	78.4%	17.0%	37.2	40.1
Health ENC Counties	49.2%	50.8%	75.8%	13.5%	77.5%	16.9%	N/A	N/A

Birth Rate

Birth rates are important measures of population health. The birth rate is usually the dominant factor in determining the rate of population growth; however, population growth is also driven by the age structure of the population (e.g., deaths), immigration and emigration. Figure 10 illustrates that the birth rate in Martin County (10.2 live births per 1,000 population in 2016) is lower than the birth rate in North Carolina (12.0) and Health ENC counties (13.1).

Figure 10. Birth Rate (North Carolina State Center for Health Statistics)



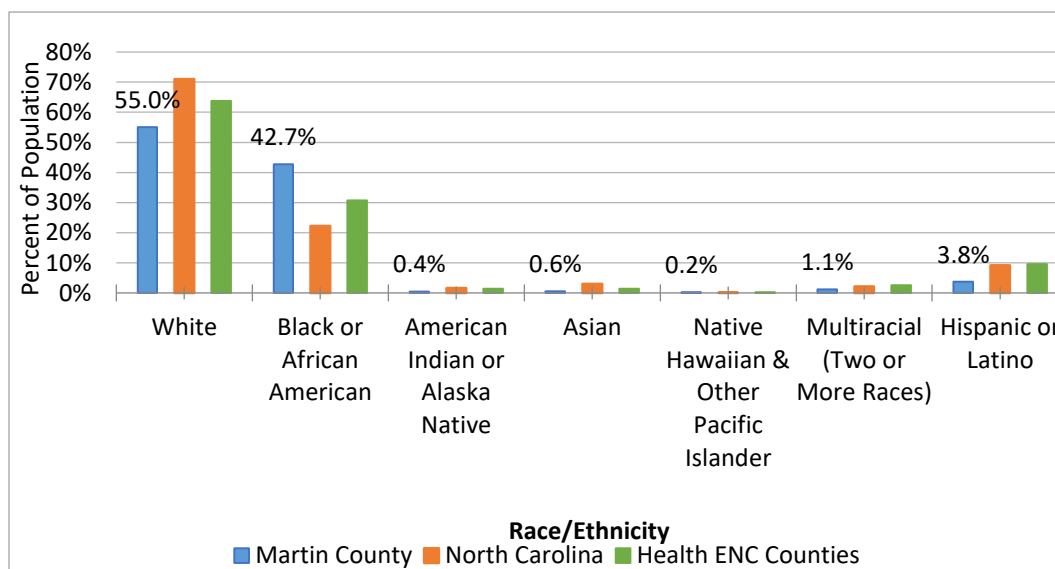
Race/Ethnicity

The race and ethnicity composition of a population is important in planning for future community needs, particularly for schools, businesses, community centers, health care and childcare. Race and ethnicity data are also useful for identifying and understanding disparities in housing, employment, income and poverty.

Figure 11 shows the racial and ethnic distribution of Martin County compared to North Carolina and Health ENC counties. The first six categories (White, Black or African American, American Indian or Alaska Native, Asian, Native Hawaiian & Other Pacific Islander and Multiracial) are racial groups and may include persons that identify as Hispanic or Latino. The seventh category (Hispanic or Latino) is an ethnic group and may include individuals that identify as any race.

The proportion of residents that identify as White is smaller in Martin County (55.0%) as compared to North Carolina (71.0%) and Health ENC counties (63.8%). Martin County has a larger share of residents that identify as Black or African American (42.7%) when compared to North Carolina (22.2%) and Health ENC counties (30.7%). The Hispanic or Latino population comprises 3.8% of Martin County, which is a smaller proportion than the Hispanic or Latino population in North Carolina (9.2%) and Health ENC counties (9.6%).

Figure 11. Population by Race/Ethnicity (U.S. Census Bureau, 2016)



Tribal Distribution of Population

The U.S. Census Bureau collects population estimates for various American Indian and Alaska Native (AIAN) tribes. While population estimates of tribal data are not available at the county level, Table 6 shows the population estimates of eight tribal areas throughout the state of North Carolina.

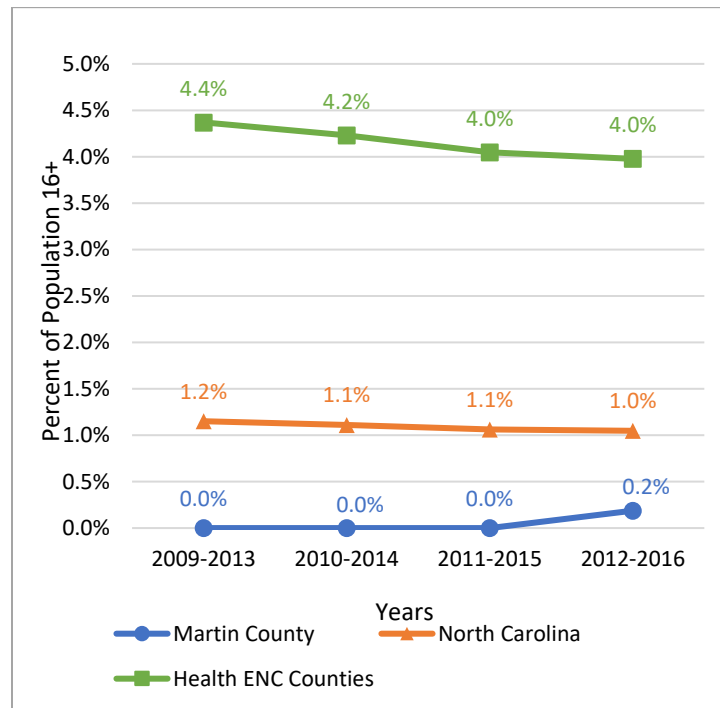
Table 6. Named Tribes in North Carolina (American Community Survey, 2012-2016)

State Designated Tribal Statistical Area (SDTSA)	Total Population
Coharie SDTSA	62,160
Eastern Cherokee Reservation	9,613
Haliwa-Saponi SDTSA	8,700
Lumbee SDTSA	502,113
Meherrin SDTSA	7,782
Occaneechi-Saponi SDTSA	8,938
Sappony SDTSA	2,614
Waccamaw Siouan SDTSA	2,283

Military Population

Figure 12 shows the percent of the population 16 years of age and older in the military (armed forces). In 2012-2016, Martin County has a smaller share of residents in the military (0.2%) compared to North Carolina (1.0%) and counties in the Health ENC region (4.0%). Across four time periods, the percent of the population in the military for Martin County is lower than in North Carolina and the Health ENC region.

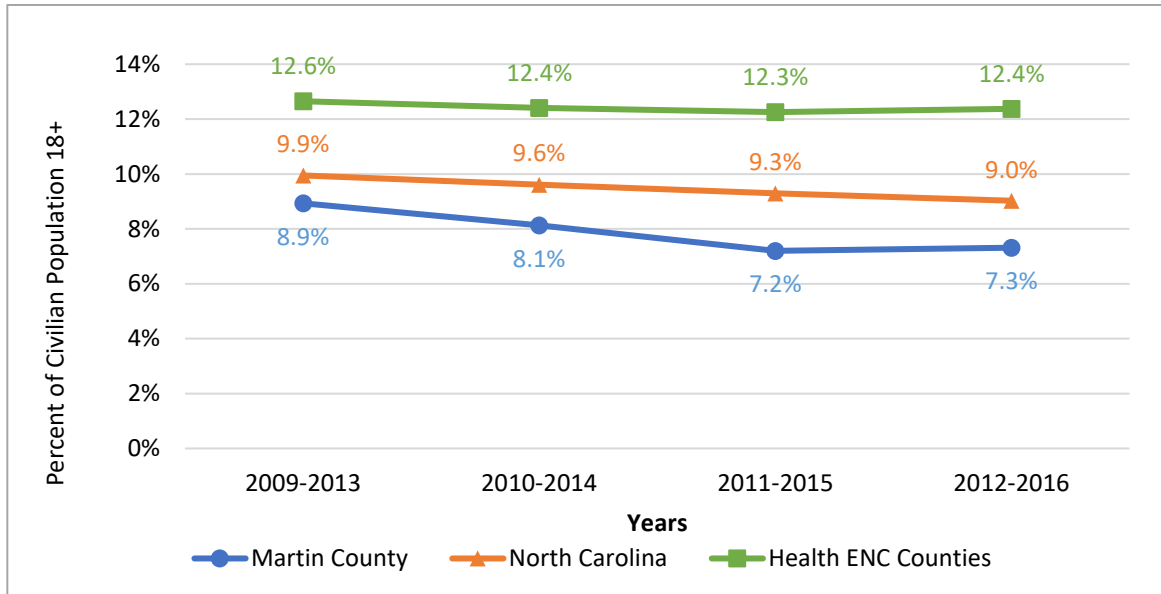
Figure 12. Population in Military / Armed Forces (American Community Survey)



Veteran Population

The veteran population is given as a percent of the civilian population aged 18 years and older and this data is used for policy analyses, to develop programs, and to create budgets for veteran programs and facilities. Martin County has a veteran population of 7.3% in 2012-2016, compared to 9.0% for North Carolina and 12.4% for Health ENC counties (Figure 13). The veteran population of Martin County, North Carolina, and the Health ENC region has decreased from 2009-2013 to 2012-2016.

Figure 13. Veteran Population (American Community Survey, 2012-2016)



Socioeconomic Profile

Social and economic factors are well known to be strong determinants of health outcomes – those with a low socioeconomic status are more likely to suffer from chronic conditions such as diabetes, obesity and cancer. Community health improvement efforts must determine which subpopulations are most in need in order to effectively focus services and interventions.

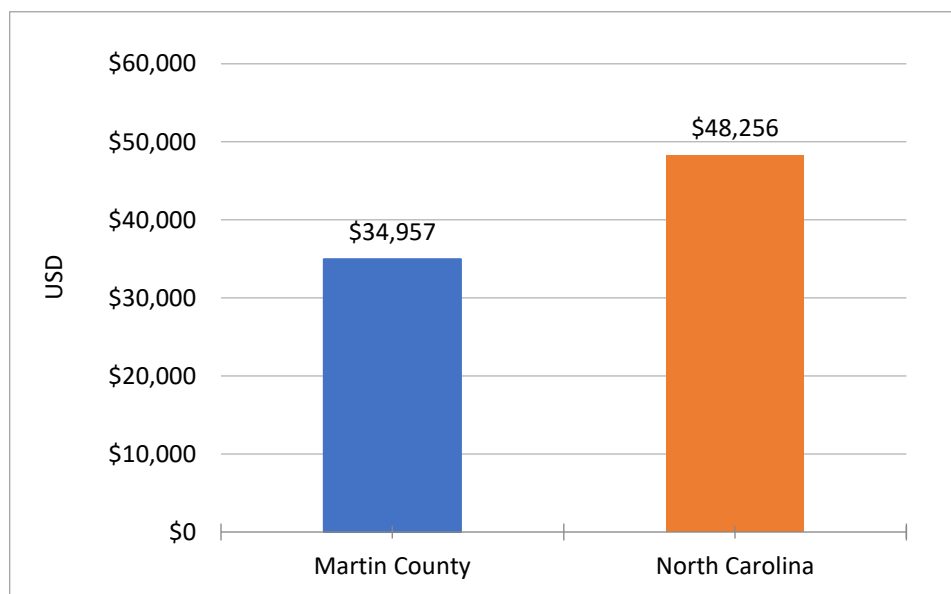
NC Department of Commerce Tier Designation

The North Carolina Department of Commerce annually ranks the state's 100 counties based on economic well-being and assigns each a Tier designation. The 40 most distressed counties are designated as Tier 1, the next 40 as Tier 2 and the 20 least distressed as Tier 3. Martin County has been assigned a Tier 1 designation for 2018.

Income

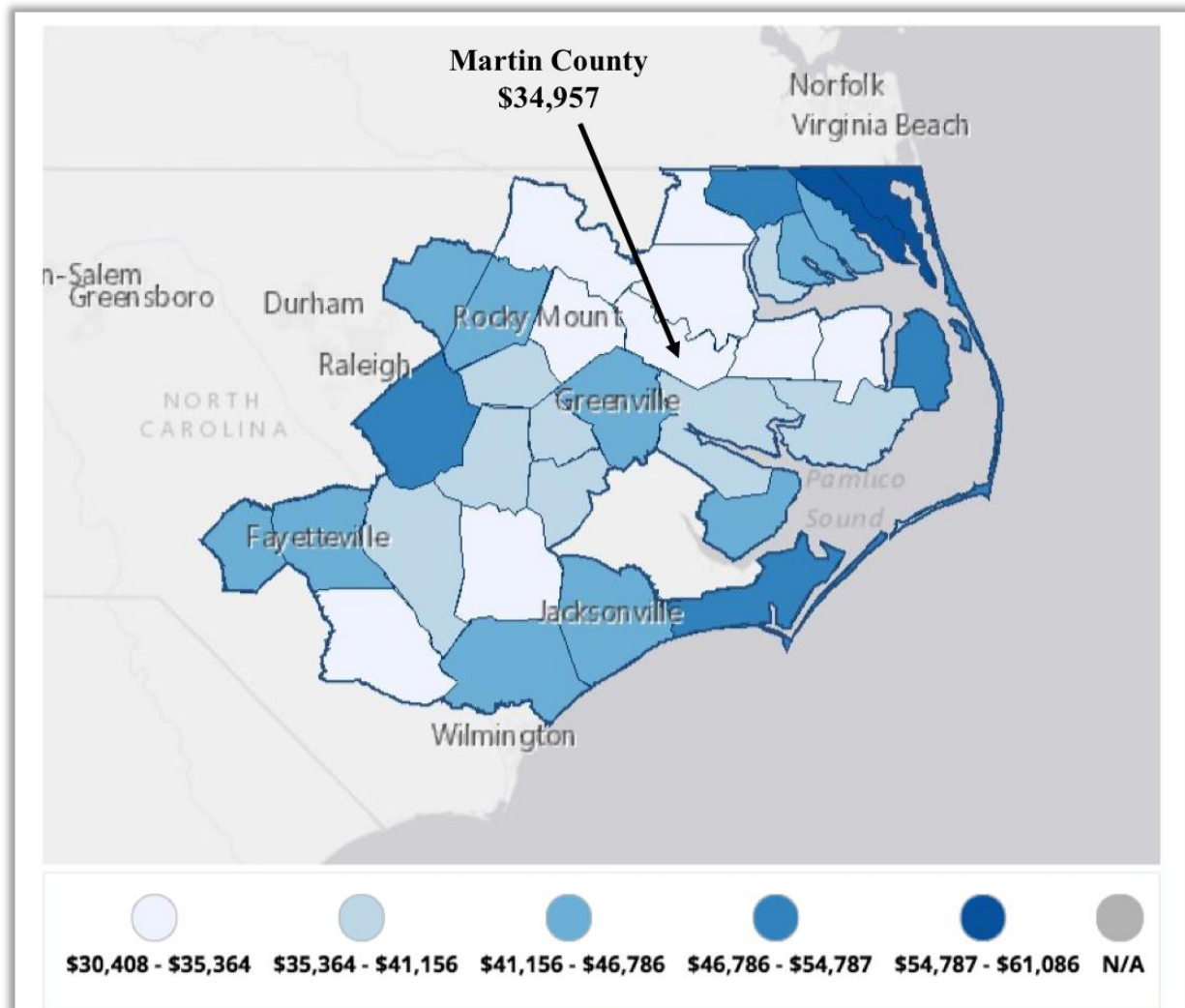
Median household income reflects the relative affluence and prosperity of an area. Areas with higher median household incomes are likely to have a greater share of educated residents and lower unemployment rates. Figure 14 shows the median household income in Martin County (\$34,957), which is lower than the median household income in North Carolina (\$48,256).

Figure 14. Median Household Income (American Community Survey, 2012-2016)



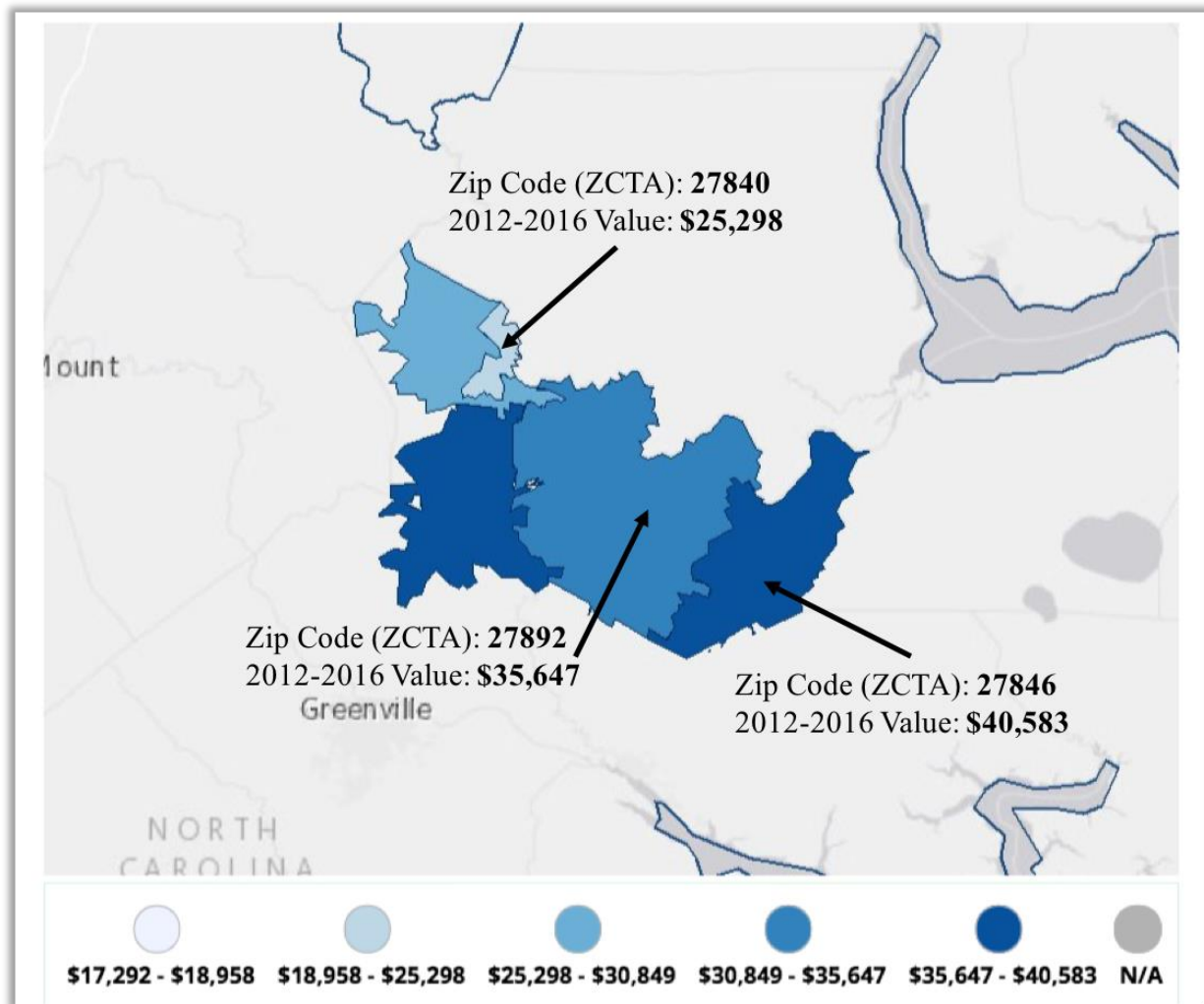
Compared to counties in the Health ENC region, Martin County has a relatively low median household income (Figure 15).

**Figure 15. Median Household Income of Health ENC Counties
(American Community Survey, 2012-2016)**



Within Martin County, the median household income varies. For example, zip code 27840 has a median household income of \$25,298, while zip code 27846 has a median household income of \$40,583 (Figure 16).

Figure 16. Median Household Income by Zip Code
(American Community Survey, 2012-2016)

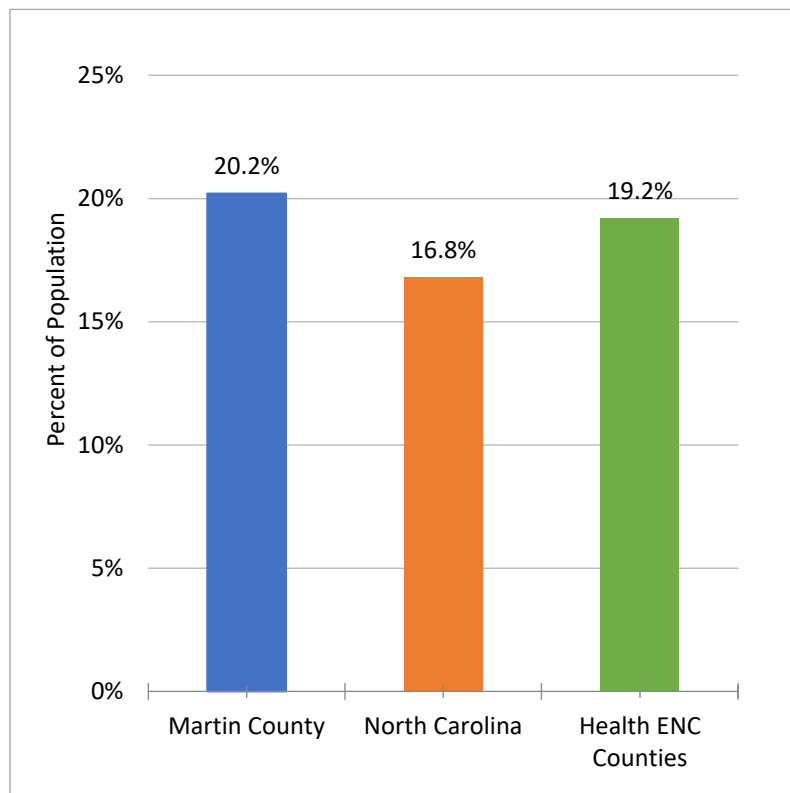


Poverty

Federal poverty thresholds are set every year by the Census Bureau and vary by size of family and ages of family members. A high poverty rate is both a cause and a consequence of poor economic conditions. Children in poverty are more likely to have physical health problems, behavioral problems and emotional problems. Seniors who live in poverty are an especially vulnerable group due to increased physical limitations, medical needs, and social isolation. Persons with a disability are more likely to live in poverty compared to the rest of the population. Without adequate income, individuals with disabilities may not be able to afford necessary expenses, such as rent or mortgage, utility bills, medical and dental care, and food.

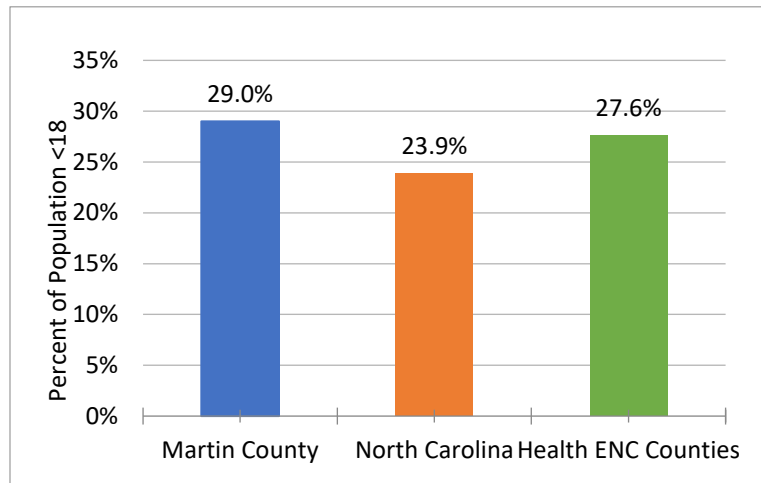
As seen in Figure 17, 20.2% percent of the population in Martin County lives below the poverty level, which is higher than the rate for North Carolina (16.8% of the population) and the Health ENC region (19.2%).

Figure 17. People Living Below Poverty Level (American Community Survey, 2012-2016)



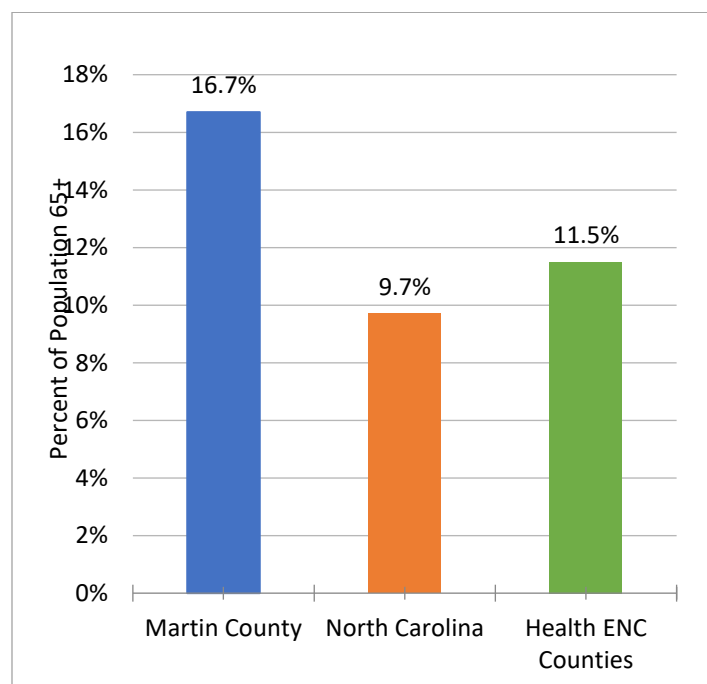
As shown in Figure 18, the rate of children living below the poverty level is also higher in Martin County (29.0%) when compared to North Carolina (23.9%) and Health ENC counties (27.6%).

**Figure 18. Children Living Below Poverty Level
(American Community Survey, 2012-2016)**



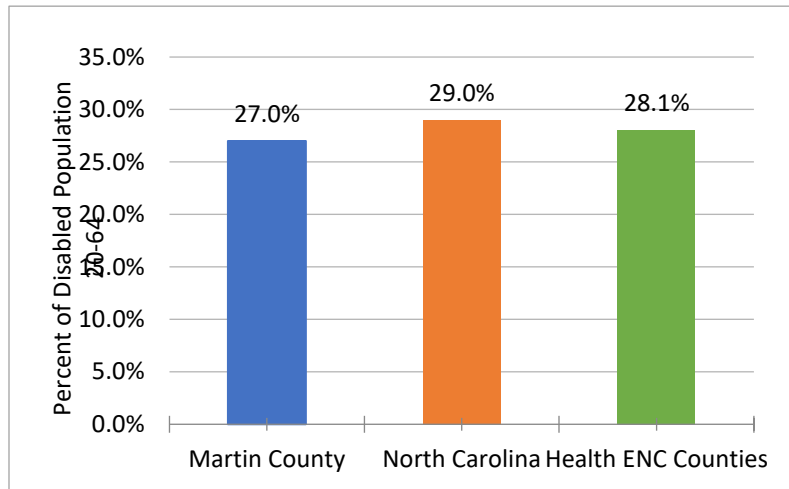
Similarly, as shown in Figure 19, the rate of older adults living below the poverty level is higher in Martin County (16.7%) than in North Carolina (9.7%) and the Health ENC region (11.5%).

**Figure 19. People 65+ Living Below Poverty Level
(American Community Survey, 2012-2016)**



As shown in Figure 20, the percent of disabled people living in poverty in Martin County (27.0%) is lower than the rate of North Carolina (29.0%) and Health ENC counties (28.1%).

**Figure 20. Persons with Disability Living in Poverty
(American Community Survey, 2012-2016)**

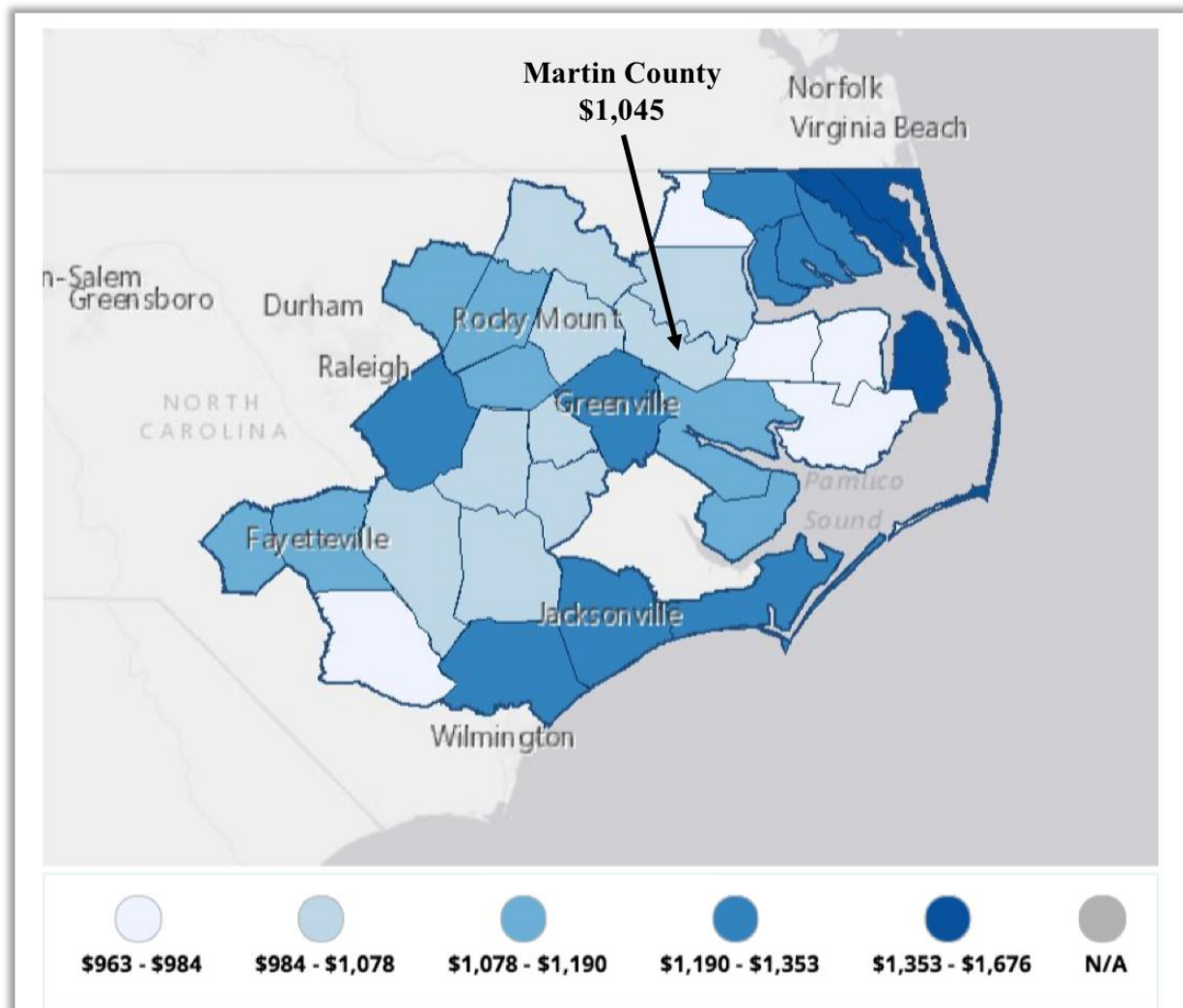


Housing

The average household size in Martin County is 2.5 people per household, which is the same as the average household size in North Carolina.

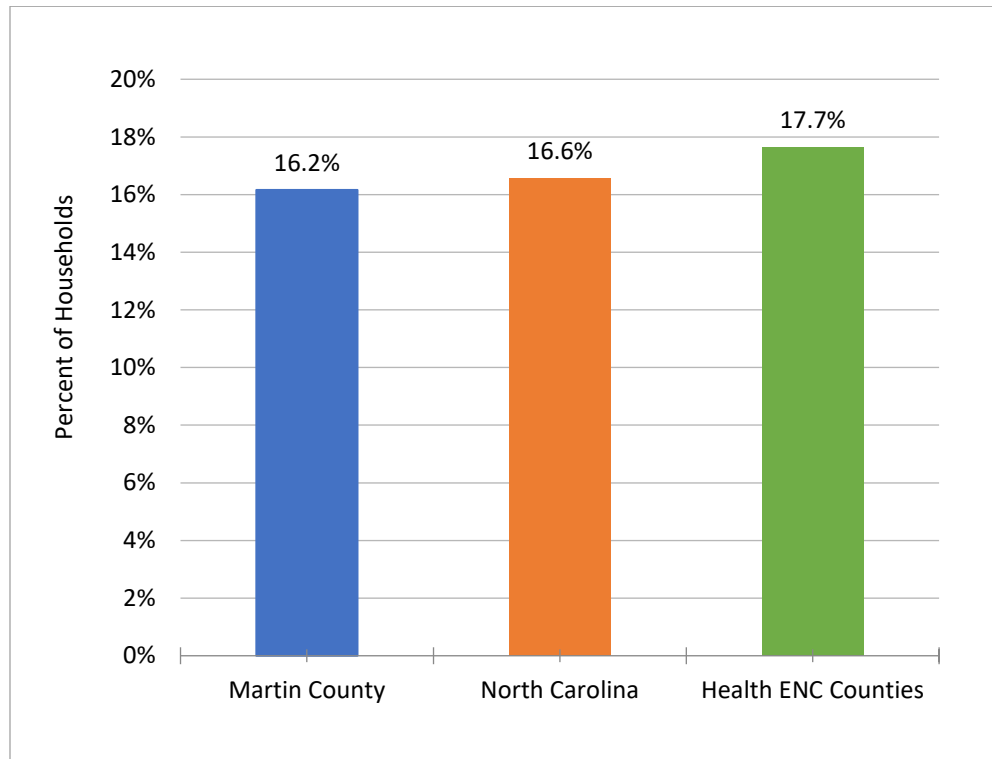
High costs of homeownership with a mortgage can strain both homeowners and the local housing market. Figure 21 shows mortgaged owners median monthly household costs in the Health ENC region. In Martin County, the median housing costs for homeowners with a mortgage is \$1,045. This is lower than the North Carolina value of \$1,243.

Figure 21. Mortgaged Owners Median Monthly Household Costs, Health ENC Counties (American Community Survey 2012-2016)



Safe and affordable housing is an essential component of healthy communities, and the effects of housing problems are widespread. Figure 22 shows the percent of households with at least one of the following problems: overcrowding, high housing costs, lack of kitchen, or lack of plumbing facilities. Countywide, 16.2% of households in Martin County have severe housing problems, compared to 16.6% in North Carolina and 17.7% in Health ENC counties.

Figure 22. Severe Housing Problems (County Health Rankings, 2010-2014)

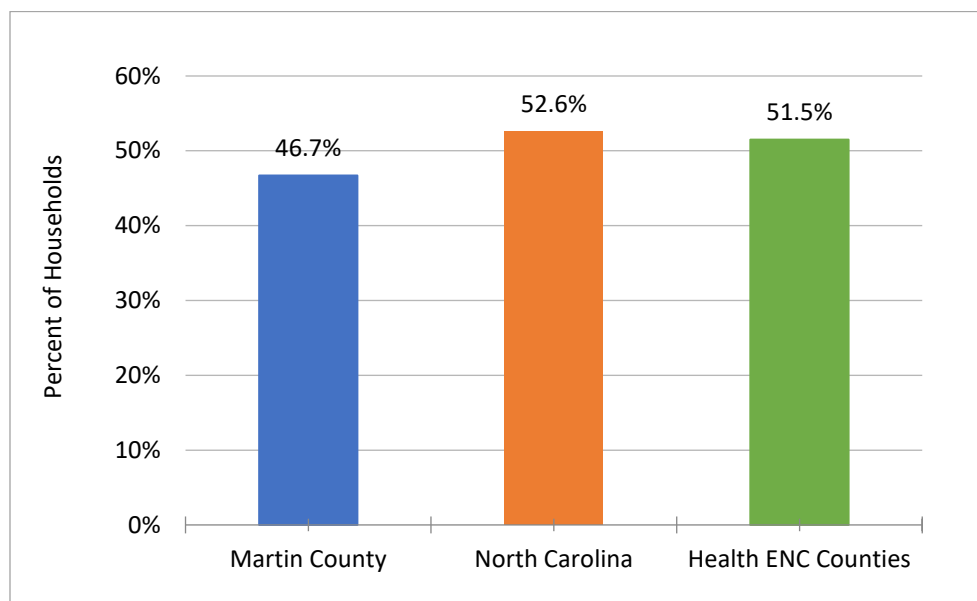


Food Insecurity

The Supplemental Nutrition Assistance Program (SNAP) is a federal assistance program that provides low-income families with electronic benefit transfers (EBTs) that can be used to purchase food. The goal of the program is to increase food security and reduce hunger by increasing access to nutritious food.

Figure 23 shows the percent of households with children that participate in SNAP. The rate for Martin County, 46.7%, is lower than the state value of 52.6% and the Health ENC region value of 51.5%.

Figure 23. Households with Children Receiving SNAP
(American Community Survey, 2012-2016)



Employment

According to North Carolina Commerce data from 2017, the top five largest employers in Martin County are:

- Martin County Board of Education: 500-999 employees
- Snacks Holdings: 500-999 employees
- Wal-Mart Associates Inc.: 100-249 employees
- Martin General Hospital: 100-249 employees
- County of Martin: 100-249 employees

SocioNeeds Index

Conduent Healthy Communities Institute developed the SocioNeeds Index® to easily compare multiple socioeconomic factors across geographies. This index incorporates estimates for six different social and economic determinants of health income, poverty, unemployment, occupation, educational attainment, and linguistic barriers that are associated with poor health outcomes including preventable hospitalizations and premature death.

Zip codes within Martin County are assigned an index value from 0 (low need) to 100 (high need), based on how those zip codes compare to others in the U.S. Within Martin County, the zip codes are then ranked from 1 (low need) to 5 (high need) to identify the relative level of need. Zip codes with populations under 300 persons are excluded. Zip code 27857, with an index value of 95.0, has the highest level of socioeconomic need within Martin County. This is illustrated in Figure 24. Index values and the relative ranking of each zip code within Martin County are provided in

Table 7. Population Density of Health ENC Counties (U.S. Census Bureau, 2010)

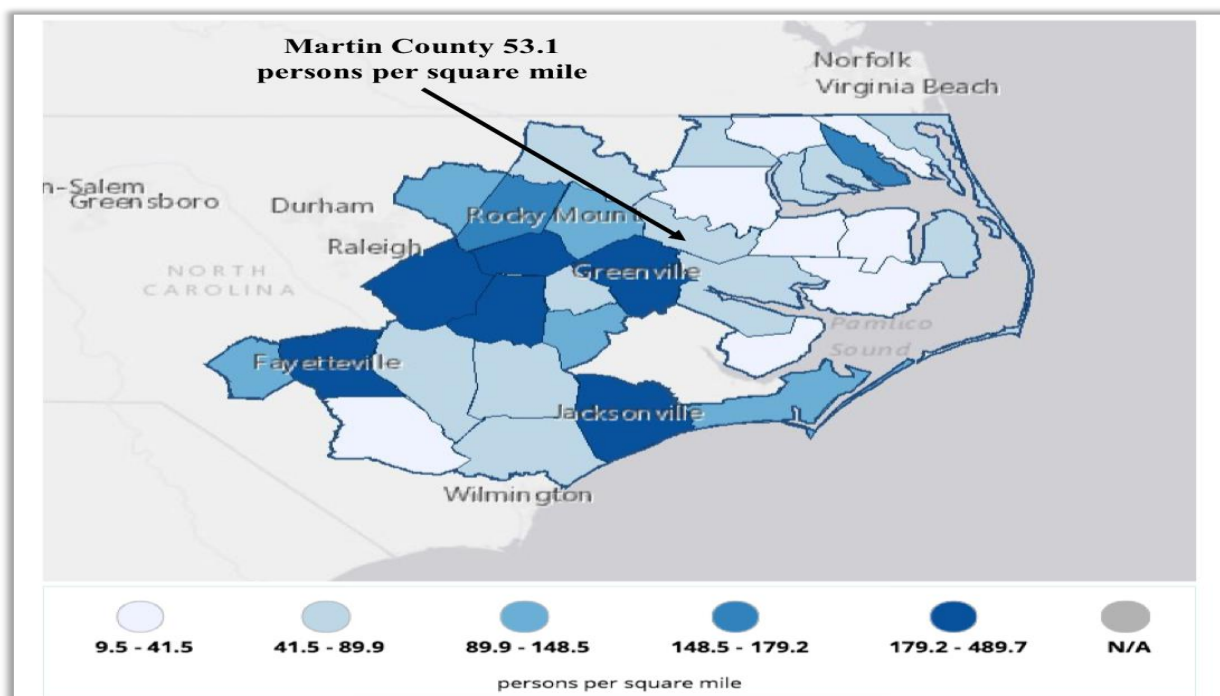


Figure 24. SocioNeeds Index® (Conduent Healthy Communities Institute, 2018)

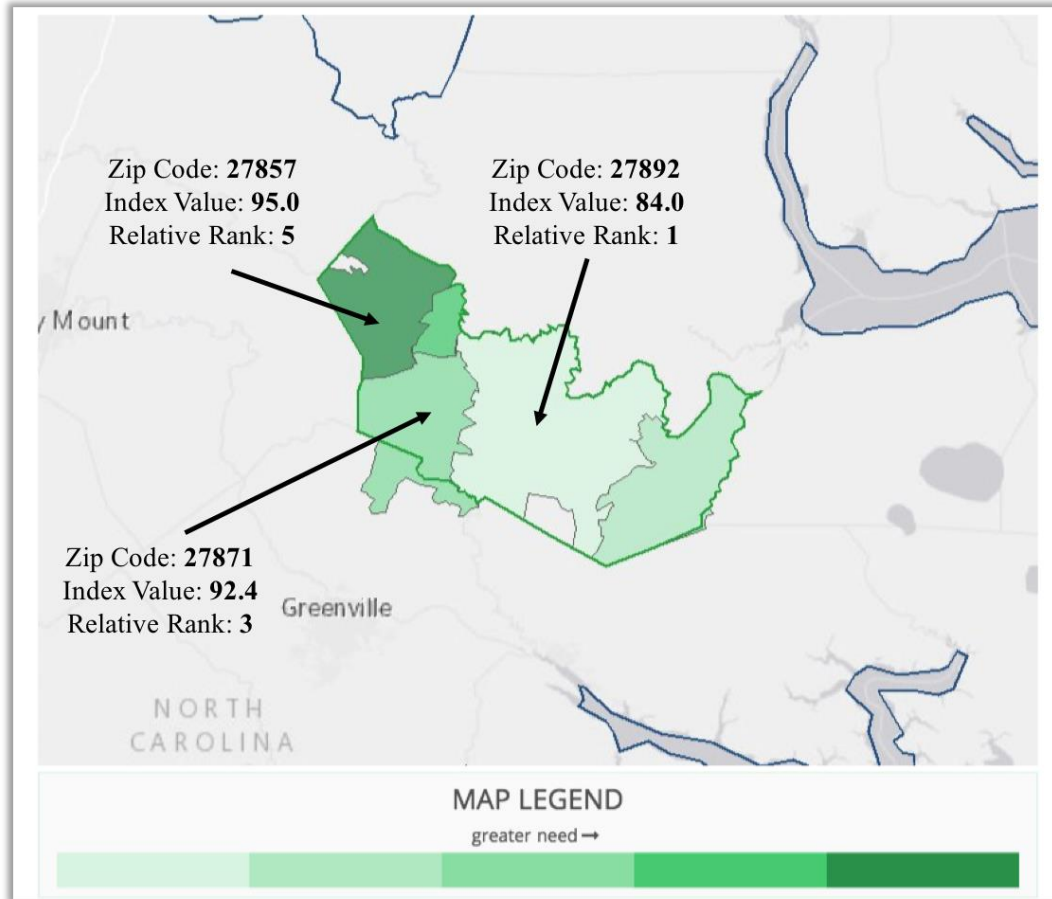


Table 7. SocioNeeds Index® (Conduent Healthy Communities Institute, 2018)

Zip Code	Index Value	Relative Rank
27857	95.0	5
27840	92.5	4
27871	92.4	3
27846	86.3	2
27892	84.0	1

Source: <http://www.healthenc.org/socionneeds>

Understanding where there are communities with high socioeconomic need is critical to forming prevention and outreach activities.

Educational Profile

Martin County has the following public schools:

- Elementary Schools – 5
 - E.J. Hayes Elementary
 - Jamesville Elementary
 - Rodgers Elementary
 - Williamston Primary School
 - South Creek Elementary School
- Middle Schools – 2
 - Riverside Middle School
 - South Creek Middle/High School
- High Schools – 2
 - Riverside High School
 - South Creek Middle/High School

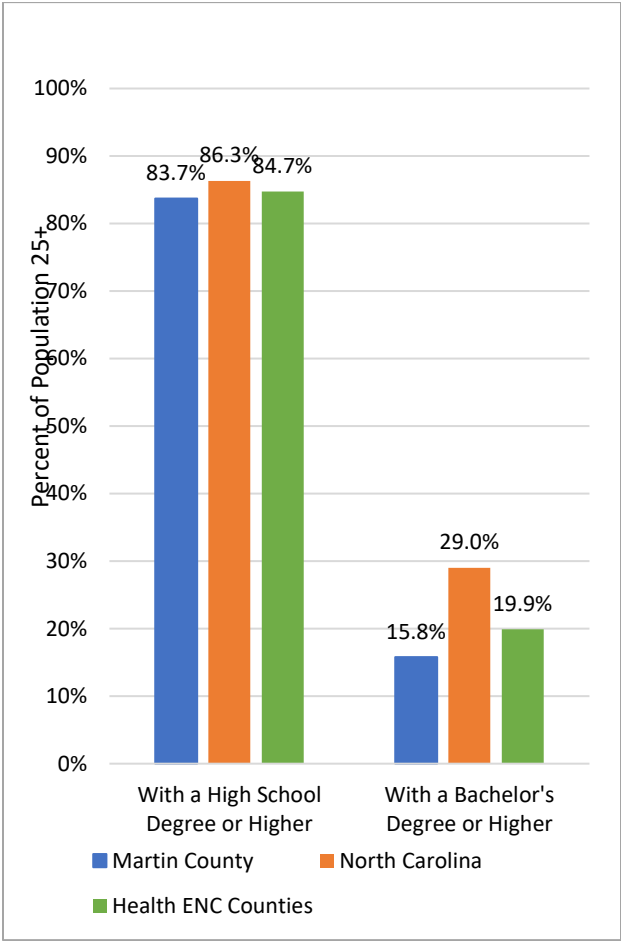
Residents of Martin County have access to Martin Community College in Williamston, NC.

Educational Attainment

Graduating from high school is an important personal achievement and is essential for an individual's social and economic advancement. Graduation rates can also be an important indicator of the performance of an educational system. Having a bachelor's degree opens career opportunities in a variety of fields and is often a prerequisite for higher-paying jobs.

Countywide, the percent of residents 25 or older with a high school degree or higher (83.7%) is lower than the state value (86.3%) and the Health ENC region (84.7%) (Figure 25). Higher educational attainment in Martin County is also lower than the state and regional value. Only 15.8% of residents 25 and older have a bachelor's degree or higher in Martin County, compared to 29.0% in North Carolina and 19.9% in the Health ENC region (Figure 25).

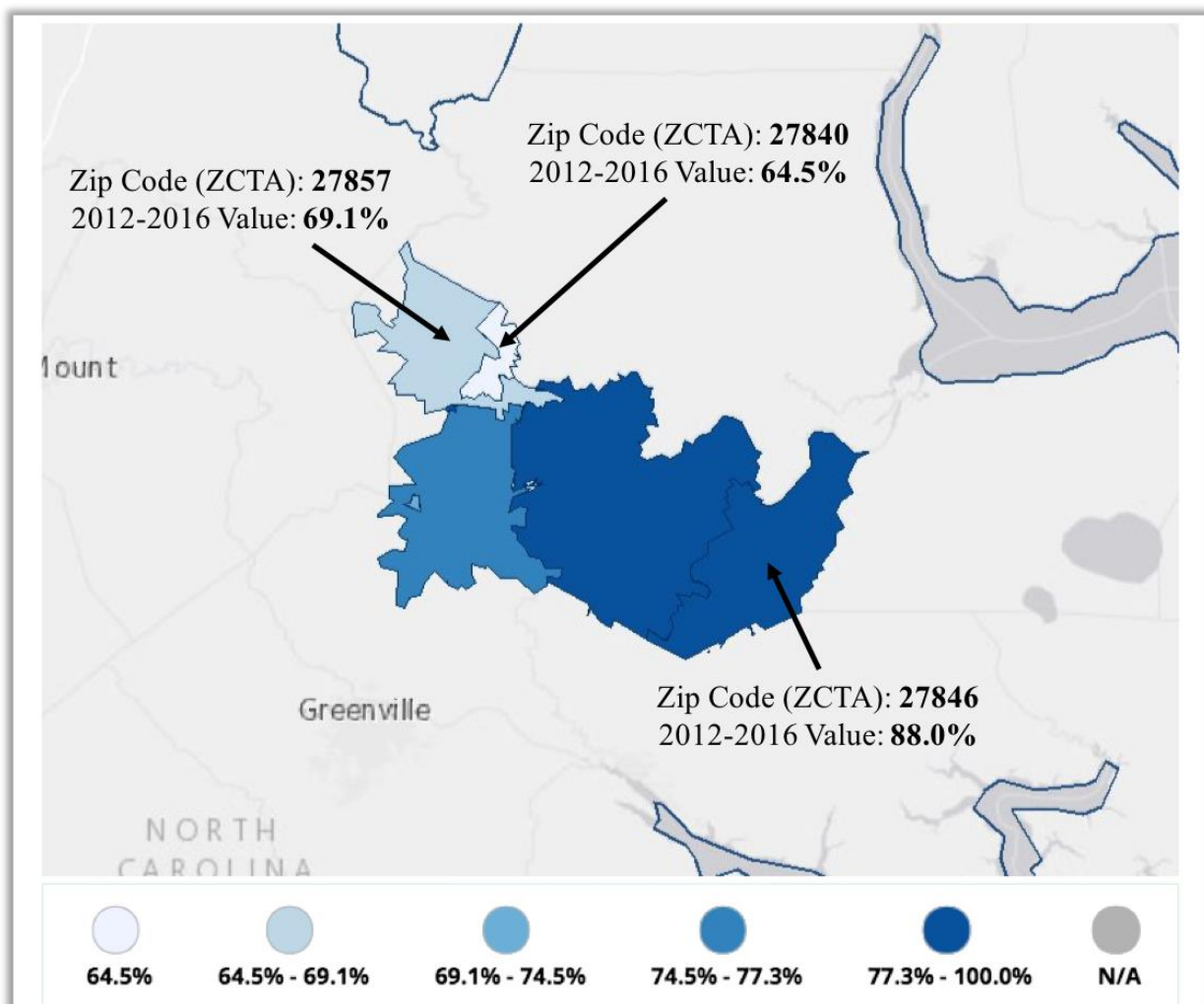
**Figure 25. People 25+ with a High School Degree or Higher and Bachelor’s Degree or Higher
(American Community Survey, 2012-2016)**



In some areas of the county, including zip code 27840, which has a high socioeconomic need (SocioNeeds Index®), the high school degree attainment rate is below 65% (

Figure 26).

**Figure 26. People 25+ with a High School Degree or Higher by Zip Code
(American Community Survey, 2012-2016)**

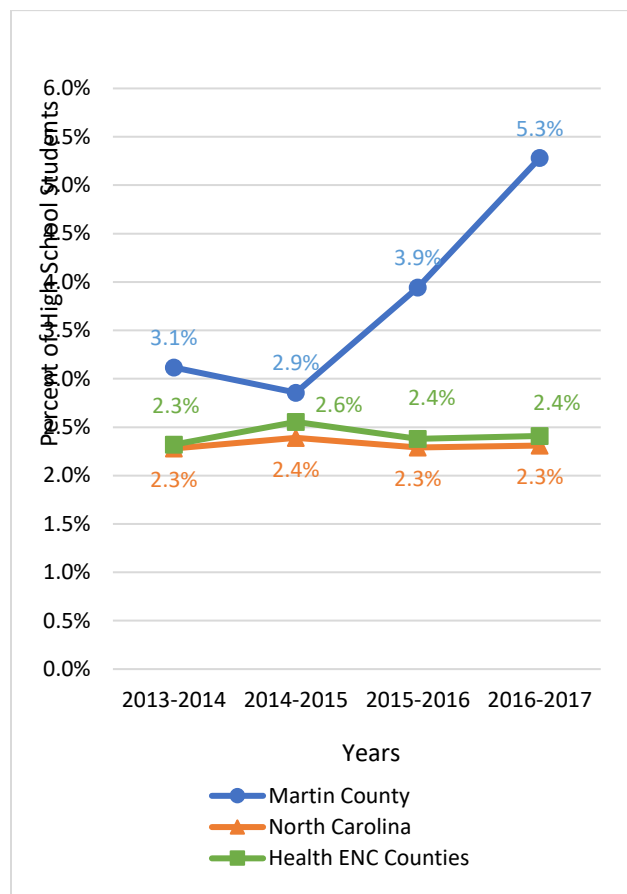


High School Dropouts

High school dropouts earn less income than high school and college graduates and are more likely to be unemployed. High school dropouts are generally less healthy and require more medical care. Further, high school dropout rates are linked with heightened criminal activity and incarceration rates, influencing a community's economic, social, and civic health.

Martin County's high school dropout rate, given as a percent of high school students in Figure 27, is 5.3% in 2016-2017, which is higher than the rate in North Carolina (2.3%) and the Health ENC region (2.4%). Martin County's high school dropout rate is consistently higher than North Carolina's and has increased over the three most recent measurement periods, from 2014-2015 to 2016-2017.

Figure 27. High School Dropout Rate (North Carolina Department of Public Instruction)

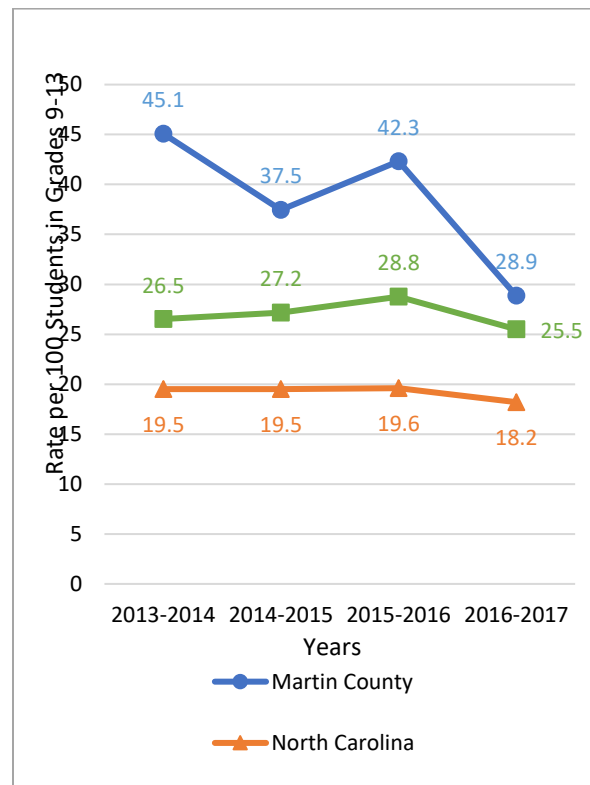


High School Suspension Rate

High school suspension is a form of discipline in which a student is temporarily removed from a classroom and/or school due to a violation of school conduct or code. Higher rates of suspension can be related to high rates of antisocial or delinquent behaviors, which may further contribute to potential future involvement in the juvenile justice system. Additionally, schools with higher suspension rates have higher rates of law or board of education violations and generally spend more money per student.

Martin County's rate of high school suspension (28.9 suspensions per 100 students) is higher than North Carolina's rate (18.2) and the rate of Health ENC counties (25.5) in 2016-2017 (Figure 28). While the state and regional rates are fairly consistent across four time periods, the suspension rate in Martin County has decreased noticeably from 45.1 suspensions per 100 students in 2013-2014 to 28.9 suspensions per 100 students in 2016-2017.

Figure 28. High School Suspension Rate
(North Carolina Department of Public Instruction)



Transportation Profile

Public transportation offers mobility, particularly to people without cars. Transit can help bridge the spatial divide between people and jobs, services, and training opportunities. Public transportation also reduces fuel consumption, minimizes air pollution, and relieves traffic congestion. Walking to work helps protect the environment, while also providing the benefit of daily exercise.

Countywide, 1.4% of residents walk to work, compared to the state value of 1.8% and the regional value of 2.4%. Public transportation is rare in Martin County, with an estimated 0.1% of residents commuting by public transportation, compared to the state value of 1.1% and the regional value of 0.4% (Figure 29). In Martin County, 85.5% of workers 16 and older drive alone to work, compared to 81.1% in North Carolina and 81.4% in Health ENC counties (Figure 30).

Figure 29. Mode of Commuting to Work (American Community Survey, 2012-2016)

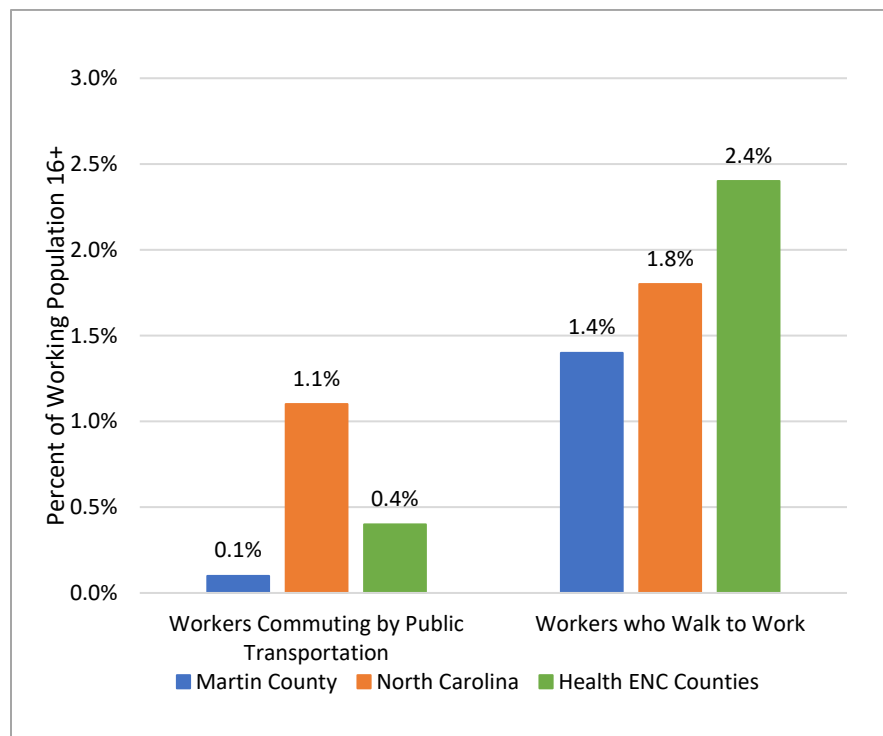
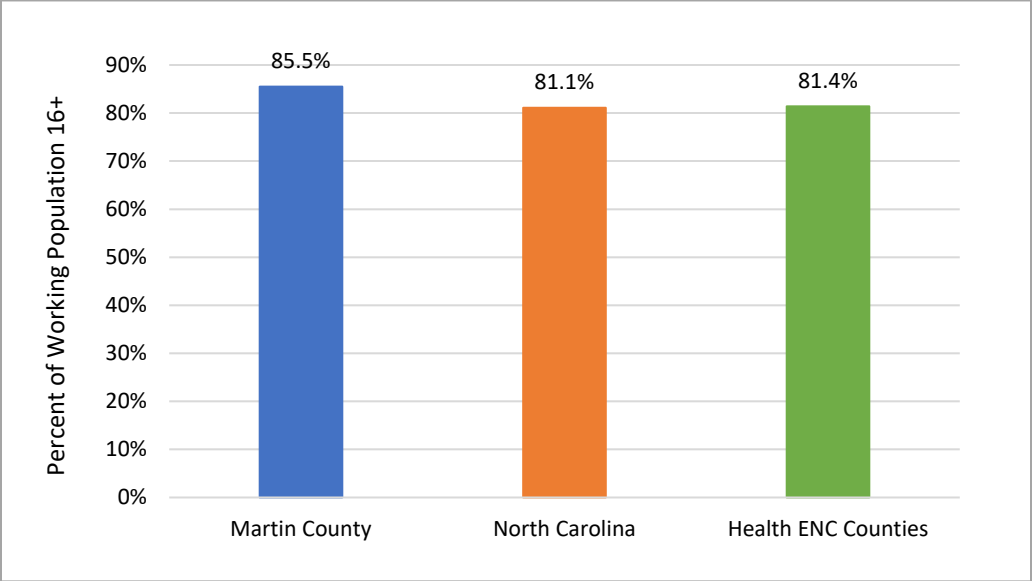


Figure 30. Workers who Drive Alone to Work (American Community Survey, 2012-2016)



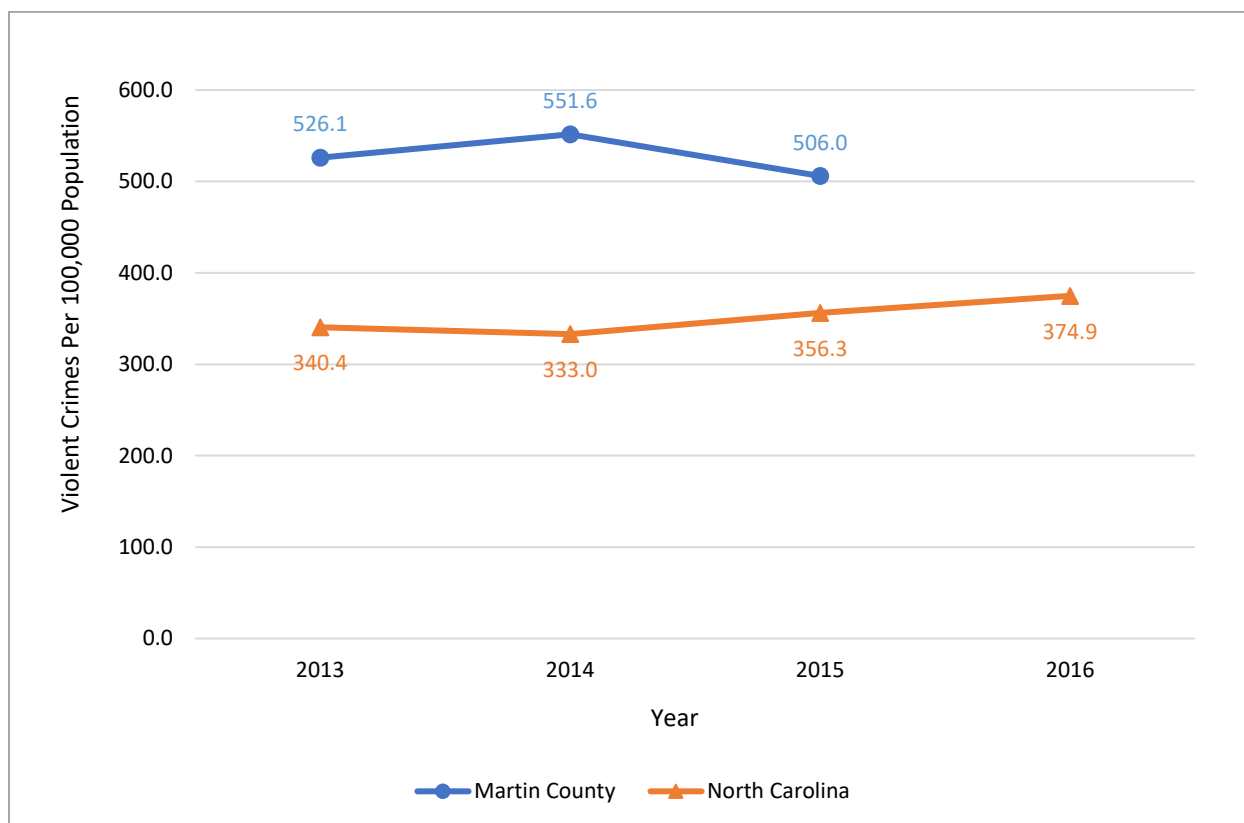
Crime and Safety

Violent Crime and Property Crime

Both violent crime and property crime are used as indicators of a community's crime and safety. Violence negatively impacts communities by reducing productivity, decreasing property values and disrupting social services. Violent crime includes four offenses: murder and non-negligent manslaughter, rape, robbery, and aggravated assault. Property crime includes the offenses of burglary, larceny-theft, motor vehicle theft, and arson.

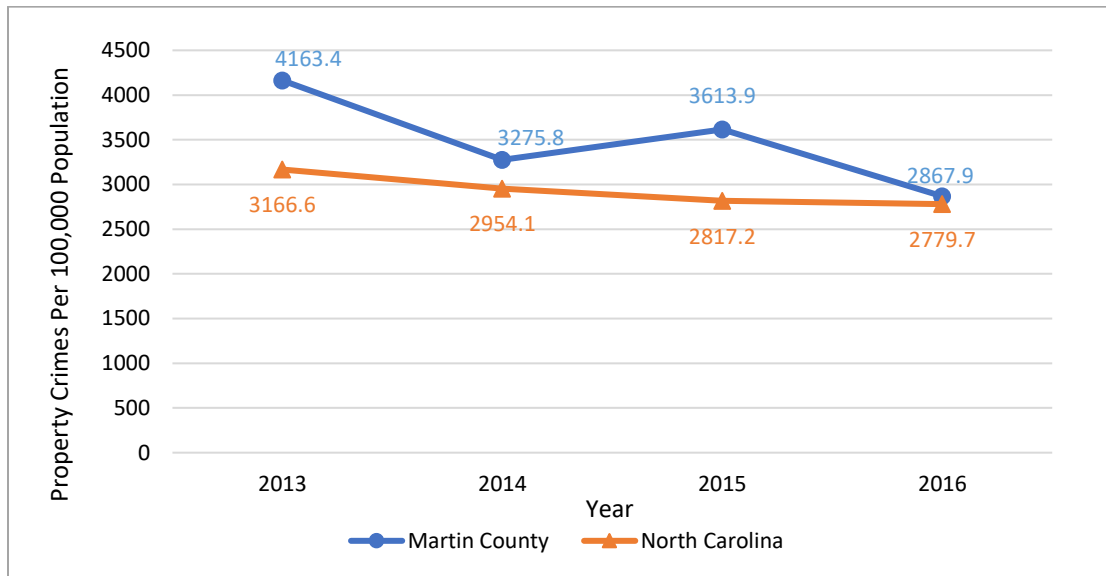
The violent crime rate in Martin County is 506.0 per 100,000 population in 2015, compared to 356.3 per 100,000 people in North Carolina (Figure 31).

Figure 31. Violent Crime Rate (North Carolina Department of Justice)



The property crime rate in Martin County (2,867.9 per 100,000 people) is similar to the state value (2,779.7 per 100,000 people) in 2016 (Figure 32). Since 2013, the property crime rate has decreased in both the county and state.

Figure 32. Property Crime Rate (North Carolina Department of Justice)



Juvenile Crime

Youth who commit a crime may not gain the educational credentials necessary to secure employment and succeed later in life. Negative peer influences, history of abuse/neglect, mental health issues, and significant family problems increase the risk of juvenile arrest. The juvenile justice system aims to reduce juvenile delinquency through prevention, intervention, and treatment services.

Figure 33 shows the juvenile undisciplined rate per 1,000 youth ages 6-17 years old. The undisciplined rate describes juveniles who are unlawfully absent from school, regularly disobedient and beyond disciplinary control of the parent/guardian, are regularly found where it is unlawful for juveniles to be or have run away from home for more than 24 hours. The 2017 juvenile undisciplined rate in Martin County (2.3) is higher than the rate in North Carolina (1.5) and the Health ENC region (1.1).

Figure 33. Juvenile Undisciplined Rate (North Carolina Department of Public Safety)

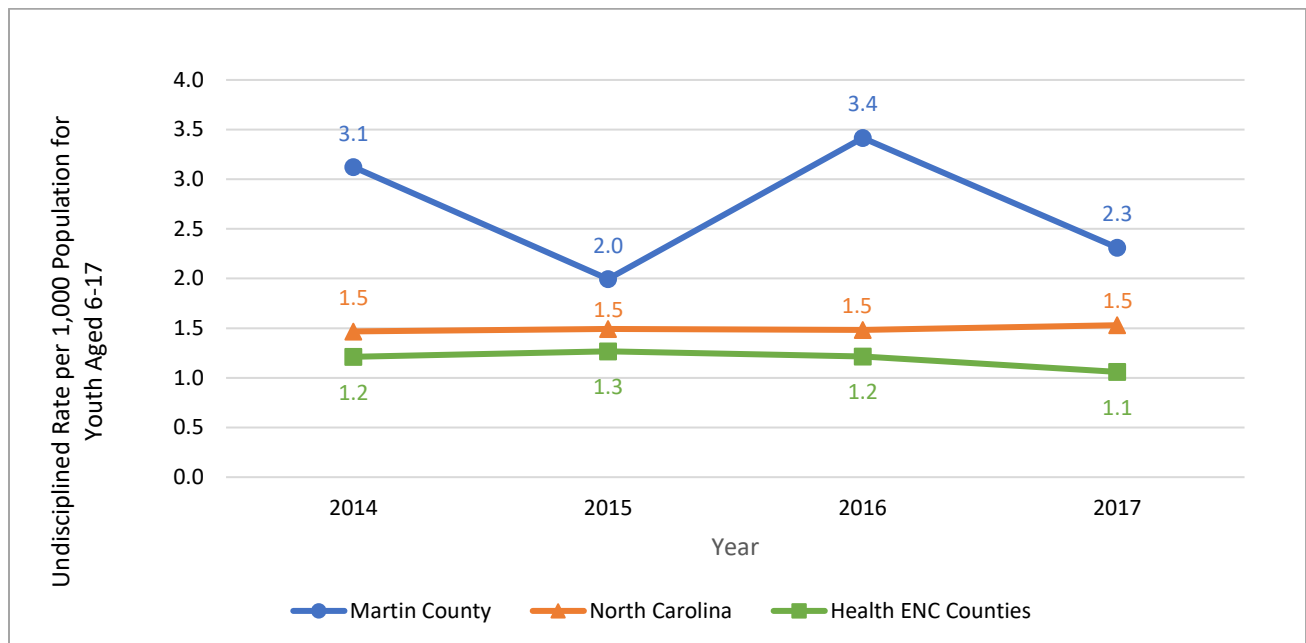
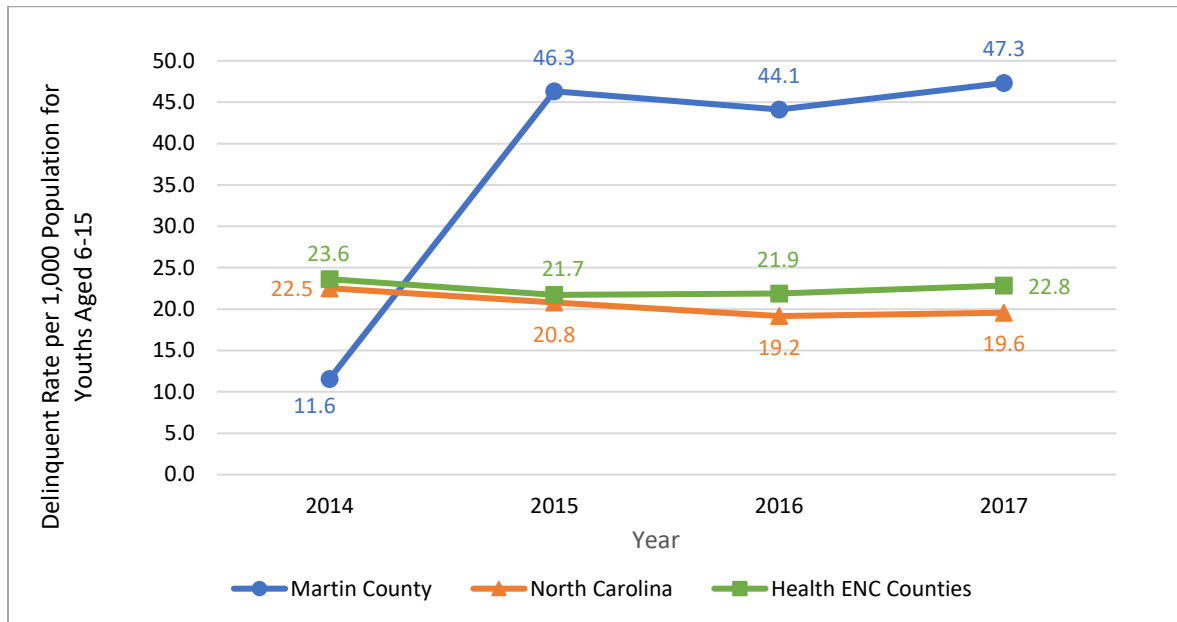


Figure 34 shows the juvenile delinquent rate, or juvenile crime rate, per 1,000 youth ages 6-15 years old. The 2017 juvenile delinquent rate in Martin County (47.3) is higher than the rate in North Carolina (19.6) and the Health ENC region (22.8). While the delinquent rate in Martin County has been fairly consistent over the past three measurement periods, there was a noticeable increase from 11.6 in 2014 to 46.3 in 2015.

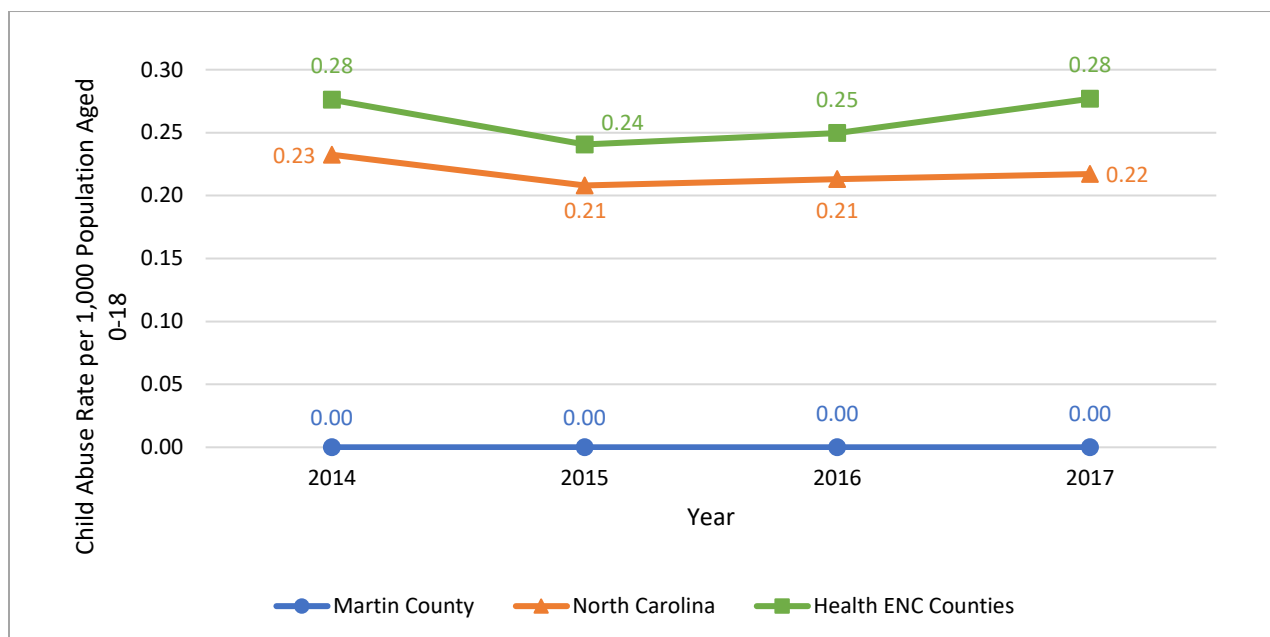
Figure 34. Juvenile Delinquent Rate (North Carolina Department of Public Safety)



Child Abuse

Child abuse includes physical, sexual and emotional abuse. All types of child abuse and neglect can have long lasting effects throughout life, damaging a child's sense of self, ability to have healthy relationships, and ability to function at home, at work, and at school. Figure 35 shows the child abuse rate per 1,000 population aged 0-18. The 2017 child abuse rate in Martin County (0.00 per 1,000 population) is lower than the rate in North Carolina (0.22) and the Health ENC region (0.28). The child abuse rate in Martin County has steadily remained at 0.00 per 1,000 population over the past four measurement periods.

Figure 35. Child Abuse Rate
(Management Assistance for Child Welfare, Work First, and Food & Nutrition Services in North Carolina & University of North Carolina at Chapel Hill Jordan Institute for Families)

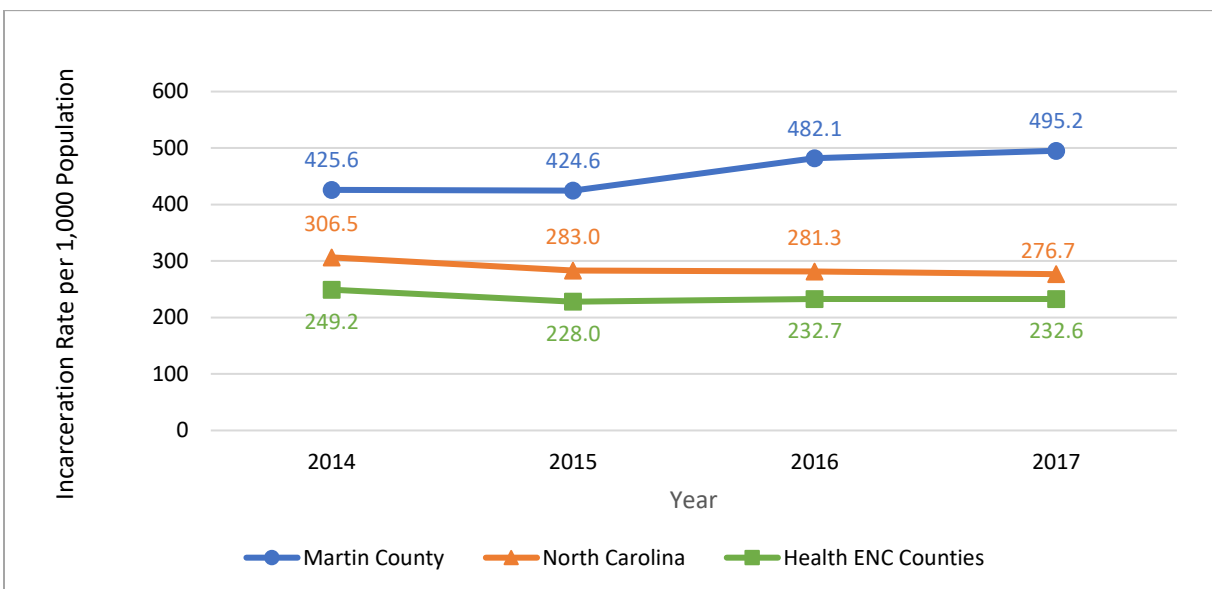


Incarceration

According to the U.S. Bureau of Justice Statistics, approximately one out of 100 adults in the U.S. are in jail or prison. Conditions in jails and prisons can lead to an increased risk of infectious diseases such as tuberculosis and hepatitis C, as well as assault from other inmates. After incarceration, individuals are likely to face a variety of social issues such as employment discrimination, disruption of family relationships and recidivism.

Figure 36 shows the incarceration rate per 1,000 population. The 2017 incarceration rate in Martin County (495.2 per 1,000 population) is higher than the rate in North Carolina (276.7) and the Health ENC region (232.6). Further, the incarceration rate in Martin County has increased over the past three measurement periods.

Figure 36. Incarceration Rate (North Carolina Department of Public Safety)



Access to Healthcare, Insurance and Health Resources Information

Health Insurance

Medical costs in the United States are very high. People without health insurance may not be able to afford medical treatment or prescription drugs. They are also less likely to get routine checkups and screenings, so if they do become ill, they may not seek treatment until the condition is more advanced, and therefore more difficult and costly to treat.

Figure 37 shows the percent of people aged 0-64 years old that have any type of health insurance coverage. The rate for Martin County, 88.4%, is similar to the rate for North Carolina (87.8%) and the Health ENC region (87.2%). Countywide, 11.6% of residents are uninsured.

Figure 37. Persons with Health Insurance (Small Area Health Insurance Estimates, 2016)

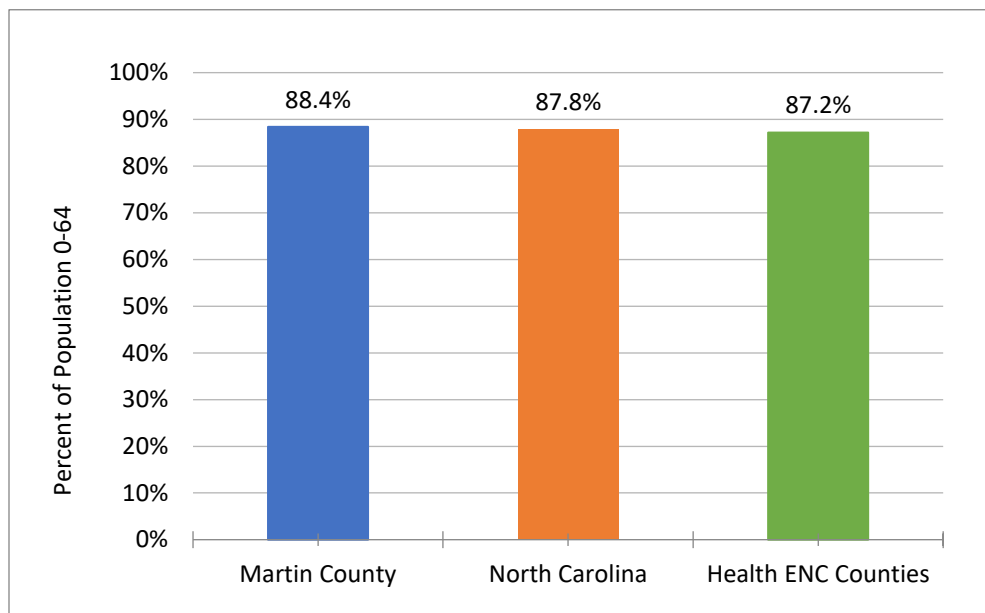
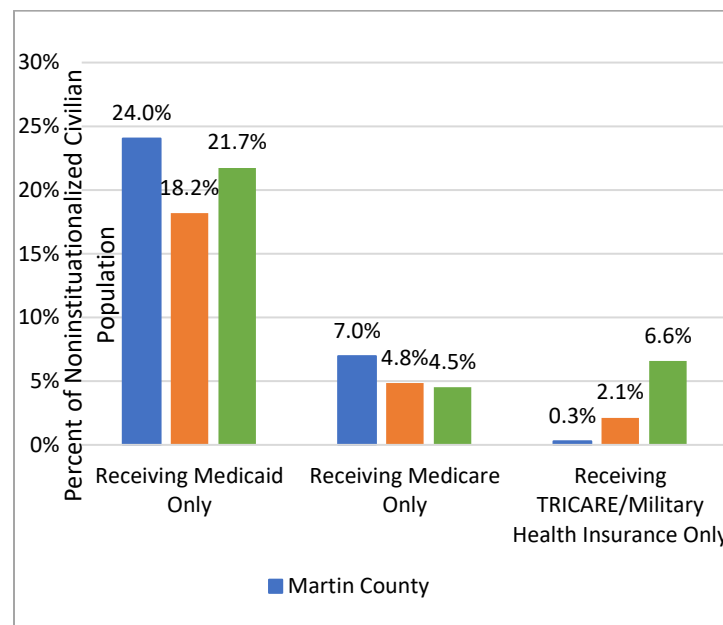


Figure 38 shows the percent of the population only receiving health insurance through Medicaid, Medicare, or military healthcare (TRICARE). Martin County has a higher percent of people receiving Medicaid (24.0%) than North Carolina (18.2%) and Health ENC counties (21.7%). The percent of people receiving Medicare is also higher in Martin County (7.0%) when compared to North Carolina (4.8%) and Health ENC counties (4.5%). The percent of people receiving military health insurance is lower in Martin County (0.3%) than in North Carolina (2.1%) and Health ENC counties (6.6%).

Figure 38. Persons Only Receiving Health Insurance through Medicaid, Medicare or Military Healthcare (American Community Survey, 2012-2016)



Civic Activity

Political Activity

Exercising the right to vote allows a community to choose elected officials and hold them accountable. Voting ensures that all citizens can voice their opinions on issues such as the use of tax dollars, civil rights and foreign policy. By voting, individuals shape their communities and influence the next generation of society. A high level of voter turnout indicates that citizens are involved and interested in who represents them in the political system.

Figure 39 shows the voting age population, or percent of the population aged 18 years and older. Martin County has a higher percent of residents of voting age (79.5%) than North Carolina (77.3%) and Health ENC counties (76.7%).

Figure 39. Voting Age Population (American Community Survey, 2012-2016)

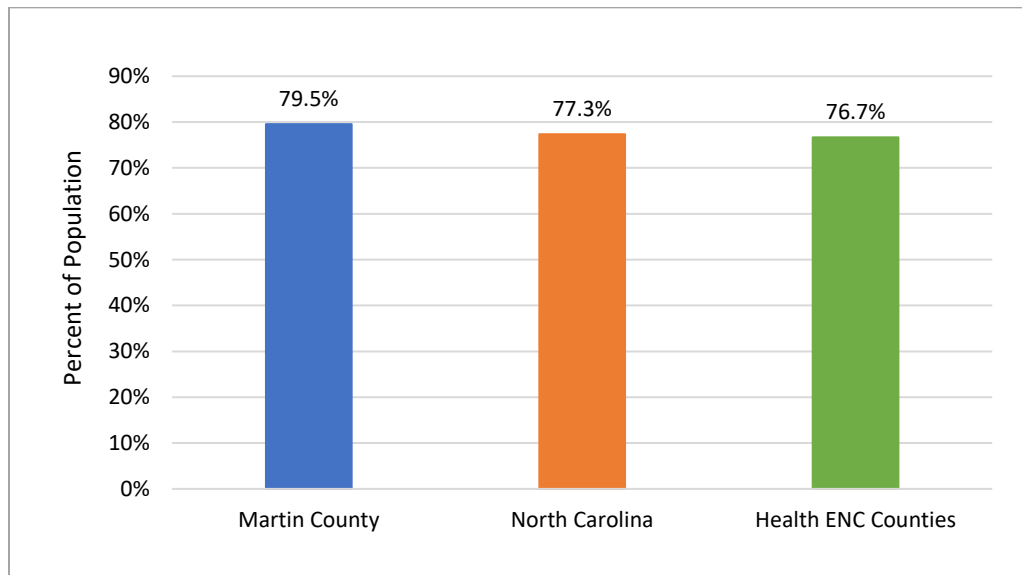
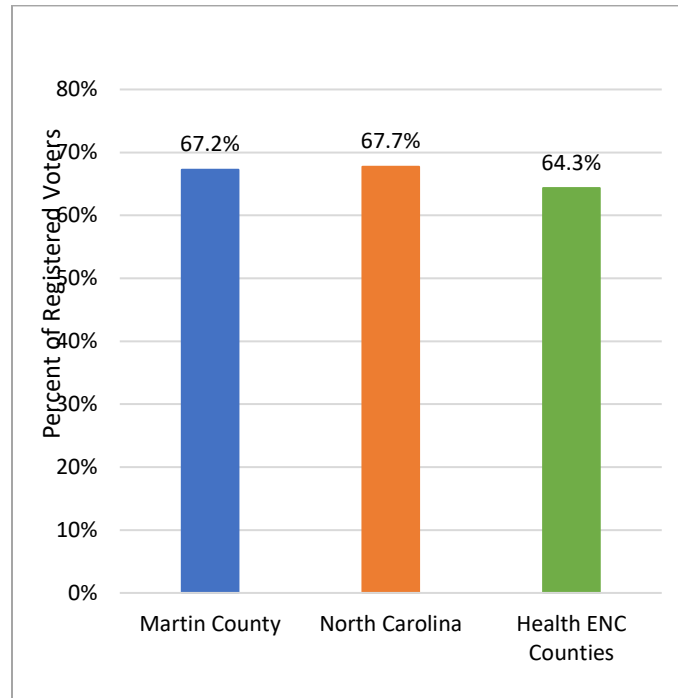


Figure 40 shows the percent of registered voters who voted in the last presidential election. The rate in Martin County was 67.2%, which is slightly lower than the state value (67.7%) and higher than the regional value (64.3%).

**Figure 40. Voter Turnout in the Last Presidential Election
(North Carolina State Board of Elections, 2016)**



Findings

Secondary Data Scoring Results

Table 8 shows the data scoring results for Martin County by topic area. Topics with higher scores indicate greater need. Heart Disease & Stroke is the poorest performing health topic for Martin County, followed by Maternal, Fetal & Infant Health, Mental Health & Mental Disorders, Diabetes and Other Chronic Diseases.

Table 8. Secondary Data Scoring Results by Topic Area

Health Topic	Score
Heart Disease & Stroke	2.12
Maternal, Fetal & Infant Health	2.10
Mental Health & Mental Disorders	2.04
Diabetes	2.03
Other Chronic Diseases	2.02

*See Appendix B for additional details on the indicators within each topic area

Primary Data

Community Survey

Figure 41 shows the list of community issues that were ranked by residents as most affecting the quality of life in Martin County. Low income/poverty was the most frequently selected issue and was ranked by 52.4% of survey respondents, followed drugs/substance abuse. Survey respondents ranked “other” as the third issue most affecting quality of life in Martin County. Less than 1% of survey respondents selected domestic violence, homelessness, child abuse, neglect and abuse, elder abuse, violent and rape / sexual assault.

Figure 41. Top Quality of Life Issues, as Ranked by Survey Respondents

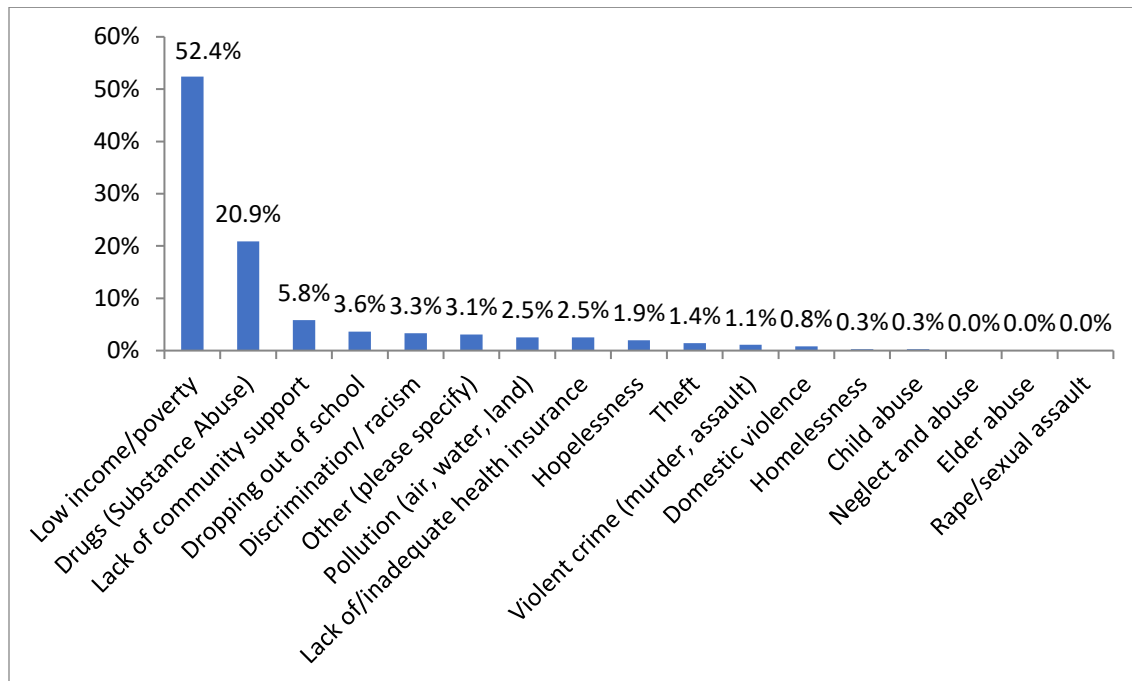


Figure 42 displays the level of agreement among Martin County residents in response to nine statements about their community. More than half of survey respondents agreed or strongly agreed that the county has good healthcare, is a good place to raise children, is a good place to grow old, is a safe place to live, has good parks and recreation facilities and is an easy place to buy healthy foods. Almost three quarters of survey respondents disagreed (40%) or strongly disagreed (28%) that the county has plenty of economic opportunity.

Figure 42. Level of Agreement Among Martin County Residents in Response to Nine Statements about their Community

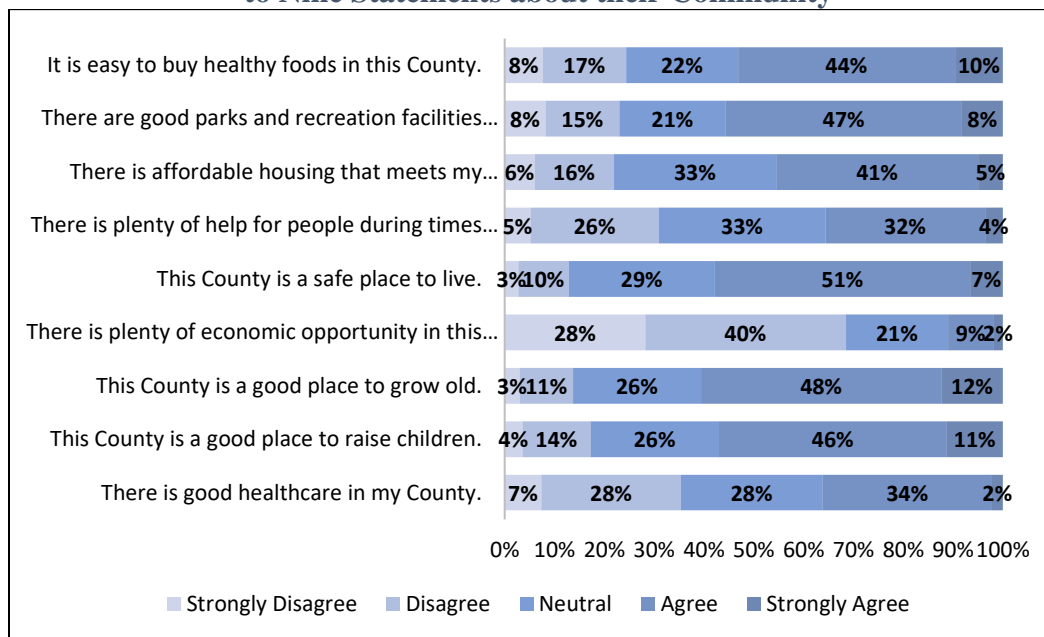


Figure 43 shows the list of services that were ranked by residents as needing the most improvement in Martin County. Higher paying employment was the most frequently selected issue, followed by availability of employment, positive teen activities, counseling / mental health / support groups and road maintenance.

Figure 43. Services Needing the Most Improvement, as Ranked by Survey Respondents

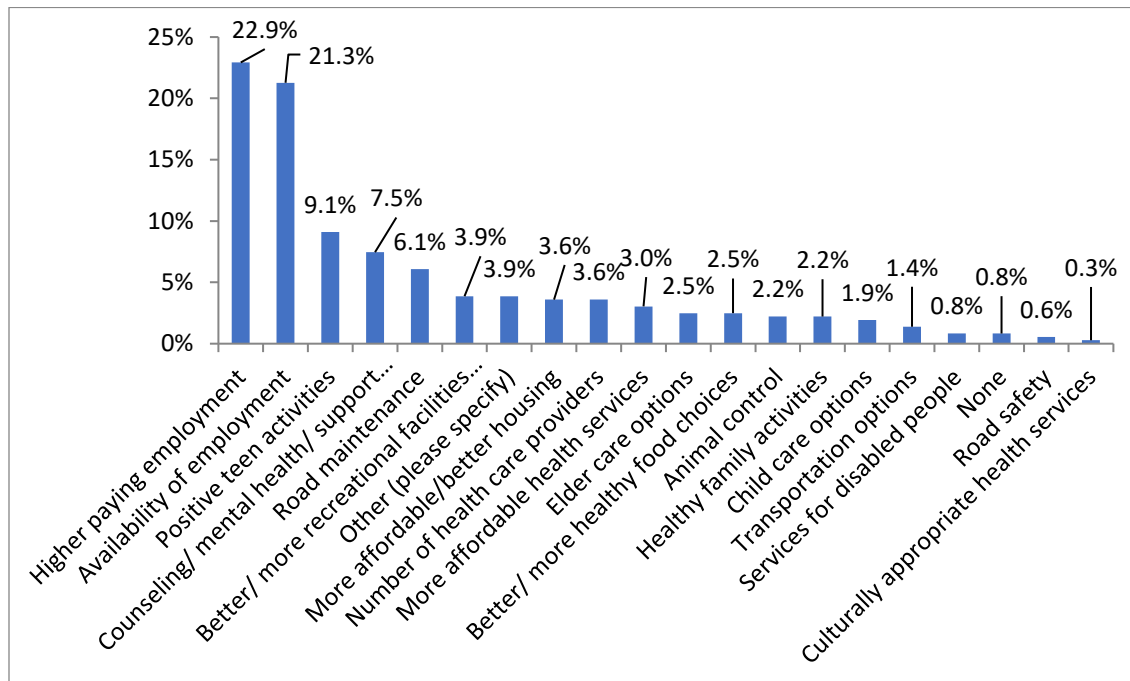
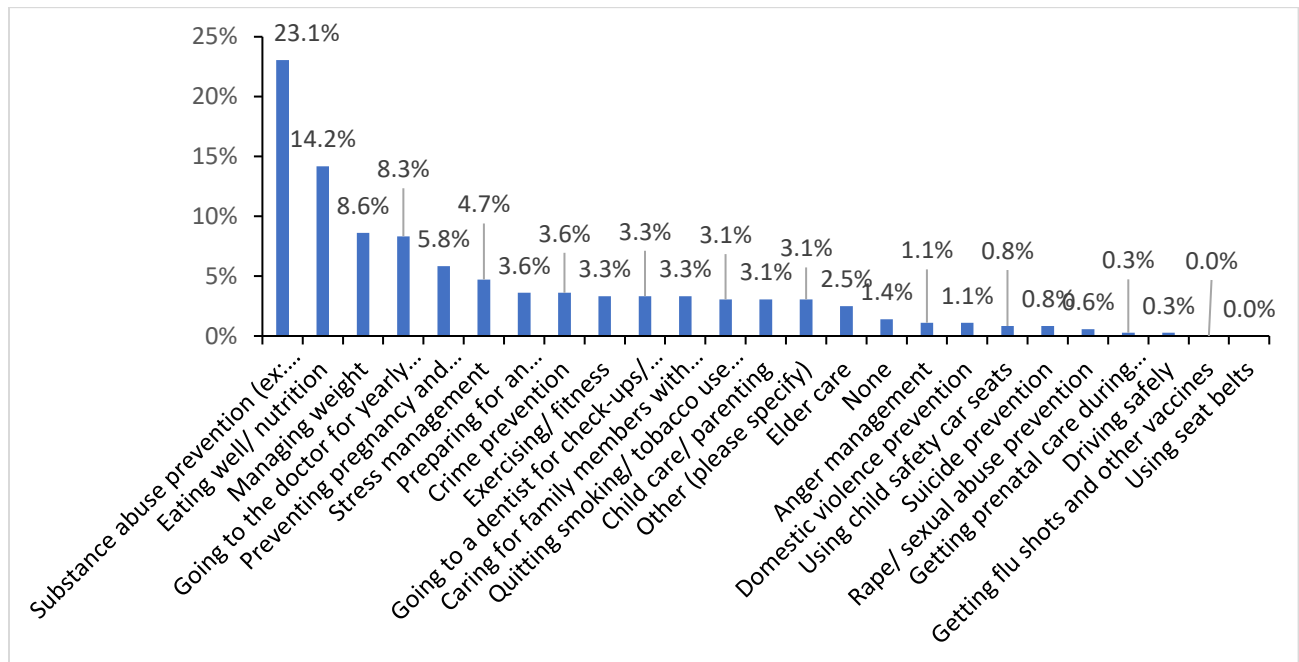


Figure 44 shows a list of health behaviors that were ranked by residents as topics that Martin County residents need more information about. Substance abuse prevention was the most frequently selected issue, being ranked by 23.1% of survey respondents. This was followed by eating well/nutrition, managing weight, going to the doctor for yearly check-ups and screenings.

Figure 44. Health Behaviors that Residents Need More Information About, As Ranked by Survey Respondents



Focus Group Discussions

Table 9 shows the focus group results for Martin County by topic area or code. Focus Group transcript text were analyzed by the Conduent HCI team using a list of codes that closely mirror the health and quality of life topics used in the data scoring and community survey processes. Text was grouped by coded excerpts, or quotes, and quantified to identify areas of the highest need per the focus group participants. All excerpts/quotes were also categorized as a strength or a barrier/need based on the context in which the participant mentioned the topic. Topics with higher frequency and mentioned in the context of needs/concerns or barriers/challenges suggests greater need in the community.

Topics with a frequency more than 20 are included in the overall list of significant health needs.

Table 9. Focus Group Results by Topic Area

Topic Area (Code)	Frequency
Exercise, Nutrition, & Weight	10
Access to Health Services	5
Occupational & Environmental Health	4
Substance Abuse	4

Data Synthesis

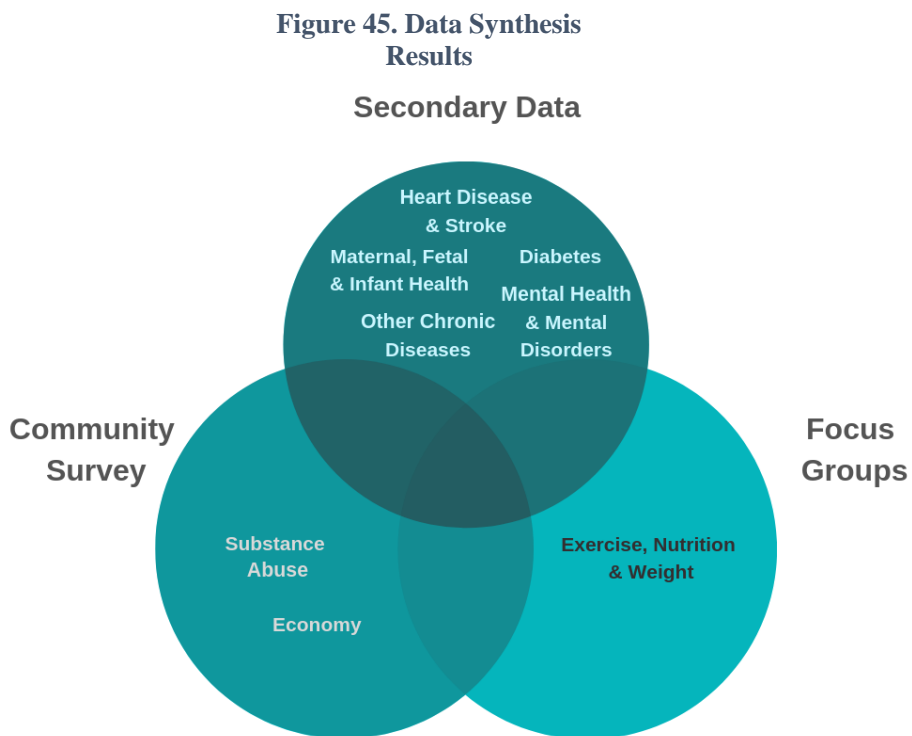
All forms of data have strengths and limitations. In order to gain a comprehensive understanding of the significant health needs for Martin County, findings from the secondary data, community survey and focus group discussions were compared and analyzed for areas of overlap. The top needs from each data source were identified using the criteria displayed in Table 10.

Table 10. Criteria for Identifying the Top Needs from each Data Source

Data Source	Criteria for Top Need
Secondary Data	Topics receiving highest data score
Community Survey	Community issues ranked by survey respondents as most affecting the quality of life*
Focus Group Discussions	Topics discussed most frequently by participants in context of needs/concerns or barriers/challenges to achieving health

*Community Survey Q4: Please look at this list of community issues. In your opinion, which one issue most affects the quality of life in this County?

Figure 45 displays the top needs from each data source in the Venn diagram.



As seen in Figure 45, the survey results and focus group discussion analysis cultivated additional topics not ranked as top priorities in the secondary data findings. A mixed-methods approach is a strength when assessing a community. This process ensures robust findings through statistical analysis of health indicators and examination of constituent’s perceptions of community health issues.

Topic Areas Examined in This Report

Eight topic areas were identified as high scoring across the three data sources. These topics are listed in Table 11.

Table 11. Topic Areas Examined In-Depth in this Report







Diabetes*
Economy
Exercise, Nutrition & Weight
Heart Disease & Stroke*
Maternal, Fetal & Infant Health*
Mental Health & Mental Disorders*
Other Chronic Diseases*
Substance Abuse

The five topic areas with the highest secondary data scores (starred*) are explored in-depth in the next section and include corresponding data from community participants when available. Following the five topic areas is a section called ‘Other Significant Health Needs’ which includes discussion of the additional topics that were identified specifically in the community survey and focus group discussions. The additional topics in ‘Other Significant Health Needs’ include Exercise, Nutrition & Weight, Economy and Substance Abuse.

Navigation Within Each Topic

Findings are organized by topic area. Within each topic, key issues are summarized followed by a review of secondary and primary data findings. Special emphasis is placed on populations that are highly impacted, such as older adults, race/ethnic groups or low-income populations. Figures, tables and extracts from quantitative and qualitative data substantiate findings. Each topic includes a table with key indicators from the secondary data scoring results. The value for Martin County is displayed alongside relevant comparisons, gauges and icons which are color-coded with green indicating good, red indicating bad and blue indicating neutral. Table 12 describes the gauges and icons used to evaluate the secondary data.

Table 12. Description of Gauges and Icons used in Secondary Data Scoring

Gauge or Icon	Description
	Green represents the "best" 50th percentile.
	Yellow represents the 50th to 25th quartile
	Red represents the "worst" quartile.
	There has been a non-significant increase/decrease over time.
	There has been a significant increase/decrease over time.
	There has been neither a statistically significant increase nor decrease over time.

Heart Disease & Stroke














Key Issues

- Hypertension, hyperlipidemia and stroke are major issues within the Medicare Population
- The age-adjusted death rate due to stroke is higher in Martin County than the state and U.S.

Secondary Data

The secondary data scoring results reveal Heart Disease & Stroke as a top need in Martin County with a score of 2.12. Additional analysis is performed to find specific indicators that contribute to this area of concern, and these indicators are identified with high indicator data scores, shown in Table 13.

Table 13. Data Scoring Results for Heart Disease & Stroke

Score	Indicator (Year) (Units)	Martin County	North Carolina	U.S.	North Carolina Counties	U.S. Counties	Trend
2.7	Hypertension: Medicare Population (2015) (percent)	69.5	58	55			
2.7	Hyperlipidemia: Medicare Population (2015) (percent)	51.5	46.3	44.6			
2	Age-Adjusted Death Rate due to Heart Disease (2012-2016) (deaths/ 100,000 population)	226.7	161.3	-			
2.7	Stroke: Medicare Population (2015) (percent)	5.2	3.9	4			
2.08	Age-Adjusted Death Rate due to Cerebrovascular Disease (Stroke) (2012-2016) (deaths/ 100,000 population)	47.7	43.1	36.9			

*See Appendix B for full list of indicators included in each topic area

Primary Data

44% of survey participant reported being told by a health care professional that they had high blood pressure and 40% had been told they have high cholesterol. When asked about challenges to accessing health services for themselves or a family member, 14% community survey respondents indicated that they had an issue in the past 12 months accessing health care services or provider. For those respondents who had experienced challenges accessing health care services or providers in the past 12 months, 22% indicated that they had trouble accessing a specialist. Indirectly related, community survey respondents rated eating well/nutrition, going to the doctor for yearly checkups and screenings and managing weight as topics the community needs more information about which may impact the population living with conditions related to heart disease and stroke.

Heart Disease and Stroke came up in all three focus groups and was mentioned specifically by three participants as a primary concern in the community. One participant discussed causes of heart disease such as genetics and health behaviors.

Highly Impacted Populations

No specific groups were identified in the primary data sources.

Maternal, Fetal & Infant Health








Key Issues

- There is a high percentage of babies with very low birth weight in Martin County
- The percent of preterm births is higher in Martin County than the state and U.S.

Secondary Data

Maternal, Fetal & Infant Health received a data score of 2.1. Some of the poorest performing indicators related to Maternal, Fetal & Infant Health are displayed in Table 14. In 2012-2016 there were 2.5% of babies with very low birth weight in Martin County compared to 1.7% and 1.4% in North Carolina and the U.S., respectively. Furthermore, the county's teen pregnancy rate in 2012-2016 was 20.5 pregnancies per 1,000 females aged 15-17 in comparison to the state's value of 15.7.

Table 14. Data Scoring Results for Maternal, Fetal & Infant Health

Score	Indicator (Year) (Units)	Martin County	North Carolina	U.S.	North Carolina Counties	U.S. Counties	Trend
2.43	Babies with Very Low Birth Weight (2012-2016) (percent)	2.5	1.7	1.4			
2.18	Preterm Births (2016) (percent)	11.8	10.4	9.8			
1.55	Teen Pregnancy Rate (2012-2016) (pregnancies/ 1,000 females aged 15-17)	20.5	15.7	-			
2.23	Babies with Low Birth Weight (2012-2016) (percent)	12.2	9	8.1			

**See Appendix B for full list of indicators included in each topic area*

Primary Data

In the community survey, participants were asked to identify health behaviors people in the community need more information about and “getting prenatal care during pregnancy” was selected less than 1% of the survey respondents. This result may have been due to the demographics of survey respondents and not necessarily reflect the ultimate need in the community. During the focus group discussions, teen pregnancy and pre/post-natal care were not raised as issues in the community. The lack of discussion in relation to Maternal, Fetal and Infant Health may also indicate a lack of awareness in the community about these issues.

Related to teen health and pregnancy, “positive teen activities” was the third highest ranking service needing improvement in the community (9.1%) and preventing pregnancy/sexually transmitted diseases was selected as the fifth highest ranking health behavior than people in the community need more information about.

Highly Impacted Populations

No specific groups were identified in the primary data sources.

Diabetes









Key Issues

- Diabetes is a major issue with adults 20+ and the Medicare Population
- The age-adjusted death rate due to diabetes in Martin County is higher than North Carolina and the U.S.

Secondary Data

The secondary data analysis identified Diabetes as a top health issue and received a data score of 2.03. Table 15 lists high-scoring indicators and shows that the percent of adults and Medicare Population living with diabetes in Martin County is higher than the state and U.S.

Table 15. Data Scoring Results for Diabetes

Score	Indicator (Year) (Units)	Martin County	North Carolina	U.S.	North Carolina Counties	U.S. Counties	Trend
2.3	Adults 20+ with Diabetes (2014) (percent)	14.9	11.1	10			
2.28	Age-Adjusted Death Rate due to Diabetes (2012-2016) (deaths/ 100,000 population)	38.7	23	21.1			
2.3	Diabetes: Medicare Population (2015) (percent)	36.1	28.4	26.5			

**See Appendix B for full list of indicators included in each topic area*

Primary Data

Community survey respondents rated eating well/nutrition, going to the doctor for yearly checkups and screenings and managing weight as topics the community needs more information about which may also impact the adult population living with Diabetes. 22% of community survey participants reported being told by a medical professional that they have diabetes and 45% had been told that they were overweight or obese. Diabetes was raised by three participants in the focus groups as an issue they see as a health issue impacting the community. One participant discussed the link between diabetes and nutrition.

Highly Impacted Populations

Data scoring identified the Medicare population and adults over age 20 years old as highly impacted populations. No specific groups were identified in the primary data sources.

Other Chronic Diseases







Key Issues

- Chronic kidney disease and arthritis are major issues for the Medicare Population
- Chronic kidney disease in the Medicare Population is exhibiting a significant increase over time

Secondary Data

Other Chronic Diseases received a score of 2.02 in the secondary data scoring results. Indicators related to the topic are outlined in Table 16.

Table 16. Data Scoring Results Other Chronic Diseases

Score	Indicator (Year) (Units)	Martin County	North Carolina	U.S.	North Carolina Counties	U.S. Counties	Trend
2.5	Rheumatoid Arthritis or Osteoarthritis: Medicare Population (2015) (percent)	33	29.1	30			
2.55	Chronic Kidney Disease: Medicare Population (2015) (percent)	20.9	19	18.1			

**See Appendix B for full list of indicators included in each topic area*

Primary Data

7% of the overall Martin County community receives their health insurance through the Medicare benefit. Therefore, the Medicare population is overrepresented in the community survey, as 18% of the community survey respondents reported receiving their health insurance through Medicare and 20.6% of participants were over the age of 65. 12% of survey respondents reported that a medical provider had diagnosed them with Osteoporosis.

Community participants did not view the following services as needing the most improvement: Elder Care options (2.5%) or services for disabled people (<1%). There were a few survey participants that selected Caring for family members with special needs/disabilities (3.3%) and elder care (2.5%) as healthy behaviors that the community needs more information.

The focus groups did not explicitly raise the topic of other chronic disease or specifically references to kidney disease, arthritis or osteoporosis.

Highly Impacted Populations

Data scoring identified the Medicare population as a highly impacted group. No specific groups were identified in the primary data sources.

Mental Health & Mental Disorders












Key Issues




- The age-adjusted death rate due to suicide is higher in Martin County than the state and U.S.
- Alzheimer's disease and dementia are issues of concern
- The mental health provider rate in the county is much lower than the state and U.S.

Secondary Data

Mental Health & Mental Disorders received a data score of 2.04. This category includes indicators related to suicide, provider rates and poor mental health. Some of the poorly performing indicators are displayed in Table 17. The highest scoring indicator is the age-adjusted death rate due to suicide, which is higher than in North Carolina and U.S. The county's average number of poor mental health days is also higher comparatively. Furthermore, the mental health provider rate in 2017 (82 providers per 100,000 population) is much lower than the state's value of 215.5. In the county, Alzheimer's disease is also of concern, with a proportion of 10.5% in the Medicare Population in 2015.

Table 17. Data Scoring Results for Mental Health & Mental Disorders

Score	Indicator (Year) (Units)	Martin County	North Carolina	U.S.	North Carolina Counties	U.S. Counties	Trend
2.43	Age-Adjusted Death Rate due to Suicide (2012-2016) (deaths/ 100,000 population)	14.8	12.9	13			
2.2	Mental Health Provider Rate (2017) (providers/ 100,000 population)	82	215.5	214.3			
2.25	Poor Mental Health: Average Number of Days (2016) (days)	4.4	3.9	3.8			
2.2	Alzheimer's Disease or Dementia: Medicare Population (2015) (percent)	10.5	9.8	9.9			
							

2.1	Frequent Mental Distress (2016) (percent)	13.7	12.3	15		
2.28	Age-Adjusted Death Rate due to Alzheimer's Disease (2012-2016) (deaths/ 100,000 population)	49.2	31.9	26.6		

**See Appendix B for full list of indicators included in each topic area*

Primary Data

67% of survey participants have been told by a health professional that they have depression, anxiety or post-traumatic stress disorder. When asked what services need the most improvement in the community, counseling /mental health/support groups was the fourth highest ranked choice. 4.7% selected stress management as the health behavior the community needs more information about.

Focus Group participants brought up mental health three times during discussions. Participants shared their concerns for needing more resources dedicated to mental health in the community.

Highly Impacted Populations

No specific groups were identified in the primary data sources.

Mortality

Knowledge about the leading causes of death in a population is critical to understanding how to target interventions to maximize population health. Table 18 shows the leading causes of mortality in Martin County, North Carolina, and Health ENC Counties in 2014-2016, where the rate is age-adjusted to the 2000 U.S. standard population and is given as an age-adjusted death rate per 100,000 population.

Table 18. Leading Causes of Mortality (2014-2016, CDC WONDER)

Martin County				North Carolina			Health ENC Counties		
Rank	Cause	Deaths	Rate*	Cause	Deaths	Rate*	Cause	Deaths	Rate*
1	Cancer	210	191.8	Cancer	58,187	165.1	Cancer	12,593	177.5
2	Heart Diseases	204	201.1	Heart Diseases	54,332	159	Heart Diseases	12,171	178.8
3	Cerebrovascular Diseases	56	55.6	Chronic Lower Respiratory Diseases	15,555	45.1	Cerebrovascular Diseases	3,247	48.5
4	Alzheimer's Disease	53	49.5	Accidental Injuries	15,024	48.2	Accidental Injuries	3,136	50.1
5	Diabetes	42	39.1	Cerebrovascular Diseases	14,675	43.6	Chronic Lower Respiratory Diseases	3,098	44.9
6	Chronic Lower Respiratory Diseases	36	35	Alzheimer's Disease	11,202	34.2	Diabetes	2,088	29.9
7	Accidental Injuries	35	50.1	Diabetes	8,244	23.6	Alzheimer's Disease	1,751	27.3
8	Kidney Diseases	24	22.2	Influenza and Pneumonia	5,885	17.5	Influenza and Pneumonia	1,148	17.2
9	Influenza and Pneumonia	18	Unreliable	Kidney Diseases	5,614	16.5	Kidney Diseases	1,140	16.8
10	Septicemia	16	Unreliable	Septicemia	4,500	13.1	Septicemia	1,033	15.1

**Age-adjusted death rate per 100,000 population*

Other Significant Health Needs

Economy

Secondary Data

From the secondary data scoring results, the Exercise, Nutrition & Weight topic had a score of 1.79 and was the 17th highest scoring health and quality of life topic. High scoring related indicators include: Households with Supplemental Security Income (2.70), Median Household Income (2.50), Students Eligible for the Free Lunch Program (2.50), Population 16+ in Civilian Labor Force (2.40), Total Employment Change (2.40), Food Insecurity Rate (2.30) and People 65+ Living Below Poverty Level (2.30).

A list of all secondary indicators within this topic area is available in Appendix B.

Primary Data

Community survey participants were asked to rank the issues most negatively impacting their community's quality of life. According to the data, both poverty and the economy were the top issues in Martin County that negatively impact quality of life. Community survey participants were also asked to weigh-in on areas of community services that needed the most improvement. With the highest share of responses, higher paying employment (22.9%) ranked first and availability of employment (21.3%) ranked second.

Focus group participants touched on key economic stressors: the need for more jobs, health insurance costs and being able to afford healthy foods.

Exercise, Nutrition & Weight

Secondary Data

From the secondary data scoring results, the Exercise, Nutrition & Weight topic had a score of 1.62 and was the 23rd highest scoring health and quality of life topic. High scoring related indicators include: Access to Exercise Opportunities (2.40), Workers who Walk to Work (2.35) and Food Insecurity Rate (2.30).

A list of all secondary indicators within this topic area is available in Appendix B.

Primary Data

Among community survey respondents, 49% rated their health is good and 26% rated their health as very good. However, 45% of respondents reported being told by a health professional that they were overweight and/or obese. This was closely followed by high reports of high blood pressure (44%), high cholesterol (40%) and diabetes (22%). Data from the community survey participants show that 43% of community members do not engage in any physical activity or exercise during the week that lasts at least 30 minutes. Among individuals that do not exercise, respondents reported reasons for not exercising as not having enough time, being too tired and they don't like to exercise. For those individuals that do exercise, 68% reported exercising or engaging in physical activity at home followed by private gym, 'other', worksite/employer and public recreation center.

Exercise, Nutrition & Weight was discussed in all focus groups and echoed the survey results. Participants shared that they struggled with not being able to afford to eat healthy or knowing what to select as healthy food choices when eating away from home. Specific issues included not eating fresh vegetables and opting to eat quick, fast food because of time constraints. Participants also shared challenges with finding time to exercise and not being able to access fitness facilities.

To emphasize these points, when community members were asked about specific topic areas, they were interested in learning more about in the community survey, managing weight, nutrition, and exercising/fitness were high frequency responses.

Substance Abuse

Secondary Data

From the secondary data scoring results, the Exercise, Nutrition & Weight topic had a score of 1.81 and was the 15th highest scoring health and quality of life topic. High scoring related indicators include: Alcohol-Impaired Driving Deaths (2.65) and Adults Who Smoke (2.25).

A list of all secondary indicators within this topic area is available in Appendix B.

Primary Data

Community survey participants ranked substance abuse (52.4%) as a top issue affecting quality of life in Martin County. Additionally, 23.1% of community survey respondents reported wanting to learn more about substance abuse prevention.

16% of survey participants reported currently use tobacco products. Of those who reported tobacco product use, 42% reported that they would go to a doctor for help quitting, 18% said they don't know where to go and 13% reported that they did not want to quit. 49% of survey participants reported having been exposed to secondhand smoke in the last year. Of those who indicated that they had been exposed to secondhand smoke, 39% of survey respondent reported exposure in the home, 28% were exposed in 'other' locations and 24% were exposed in the workplace. Most participants (74%) reported that in the past 30 days, there were zero times where they drank more than 4/5 drinks on a single occasion, 6% had one time, 7% had twice. Reported illicit drug use amongst survey participants in the past 30-days was low, 96% reported no illegal drug use and 98% reported no use of prescription drugs they did not have a prescription for. Of those who reported any illegal drug use (<5%) in the past 30 days, 89% reported marijuana use and 11% reported cocaine use.

Participants brought up substance use five times during focus group discussions. Many participants see prescription drug misuse, overdose and alcohol as problems that need to be addressed in the community. One participant mentioned a need for substance abuse prevention and treatment services in the community. A few participants raised concerns that teenagers can access substances, such as opioids, too easily.

A Closer Look at Highly Impacted Populations

Several subpopulations emerged from the primary and secondary data for their disparities in access to care, risk factors, and health outcomes. This section focuses on these subpopulations and their unique needs.

Disparities by Age, Gender and Race/Ethnicity

Secondary data are further assessed to determine health disparities for race/ethnic, age, or gender groups. Table 19 identifies indicators in which a specific population subgroup differs significantly and negatively from the overall population in Martin County, with significance determined by non-overlapping confidence intervals. The list of indicators with significant disparities should be interpreted with caution. Indicators beyond those displayed in Table 19 may also negatively impact a specific subgroup; however, not all data sources provide subpopulation data, so it is not possible to draw conclusions about every indicator used in the secondary data analysis.

Table 19. Indicators with Significant Race/Ethnic, Age, or Gender Disparities

Health Indicator	Group(s) Disparately Affected*
Median Household Income	Black or African American
Workers who Drive Alone to Work	American Indian or Alaska Native, Asian, Native Hawaiian or Other Pacific Islander
People 65+ Living Below Poverty Level	75+
People Living Below Poverty Level	<6
Per Capita Income	American Indian or Alaska Native, Hispanic or Latino, Other, Two or More Races
Families Living Below Poverty Level	Other
People 25+ with a High School Degree or Higher	65+, Black or African American, Hispanic or Latino

*See HealthENC.org for indicator values for population subgroups

Geographic Disparities

Geographic disparities are identified using the SocioNeeds Index®. Zip code 27857, with an index value of 95.0, has the highest socioeconomic need within Martin County, potentially indicating poorer health outcomes for its residents. See the [SocioNeeds Index®](#) for more details, including a map of Martin County zip codes and index values.

Conclusion

The Community Health Needs Assessment utilized a comprehensive set of secondary data indicators measuring the health and quality of life needs for Martin County. The assessment was further informed with input from Martin County residents through a community survey and focus group discussions that included participants from broad interests of the community. The data synthesis process identified 10 significant health needs: Diabetes, Economy, Exercise, Nutrition & Weight, Heart Disease & Stroke, Maternal, Fetal & Infant Health, Mental Health & Mental Disorders, other Chronic Diseases, and Substance Abuse. The prioritization process identified 4 focus areas:

- Mental Health/Stress Management/Substance Misuse
- Healthy Lifestyle Behaviors (Diabetes, Alzheimer)
- Physical Activity/Nutrition
- Oral Health (lower cavities in children & adults)

Following this process, Martin County will outline how it plans to address these health needs in its implementation plan.

Priority 1: Mental Health/Stress Management/Substance Misuse Health Indicators: While some data is available pertaining to utilization of services pertaining to substance misuse, there is not much data describing the prevalence of individual diagnoses. During the focus group discussions, substance abuse prevention was discussed and a selected issue.

Population at Risk: The poor, uninsured, elderly, youth

Health Resources Available/Needed:

Available Resources:

MTW Behavioral Health,

Eastern NC Overdose Prevention Coalition Trillium Health Resources

Mobile Crisis Community Care Plan of Eastern North Carolina

RI International Family Resource Center Quitline

MTW Tobacco Prevention program to address youth substance misuse issues related to tobacco

Resources Still Needed:

More local mental health resources, counseling services

Priority 2: Healthy Lifestyle Behaviors Health Indicators: Diabetes is a long-term or chronic condition that limits quality of life, require medical management and treatment, and is among the leading causes of death in Martin County. Committing to a healthy, active lifestyle is one of the most important ways to prevent chronic disease.

Population at risk: The poor and uninsured.

Health Resources Available/Needed:

Available Resources:

Martin County Parks & Recreation

Farmer's Markets & Roadside Stands

Gyms/Private Recreational Facilities

Martin County NC Cooperative Extension

Martin County Senior Center

Physician Offices

Martin-Tyrrell-Washington District Health Department

Walking Trails

Resources Still Needed:

Weight Management Programs

More Nutrition Resources

More Fitness options for individuals with limited financial resources

Priority 2 (continued): Dementia/Alzheimer's Disease Healthy Indicator: Dementia is the loss of cognitive functioning – thinking, remembering, and reasoning – to such an extent that it interferes with a person's daily life. Dementia is not a disease itself, but rather a set of symptoms. Memory loss is a common symptom of dementia, although memory loss by itself does not mean a person has dementia. Alzheimer's disease is the most common form of dementia, accounting for most of all diagnosed cases. Alzheimer's disease is one of the leading causes of disability in Martin County. Older adults with dementia are 3 times more likely to have preventable hospitalizations decreasing the number of people with undiagnosed dementia.

Population at Risk: The poor, uninsured, elderly and women

Health Resources Available/Needed:

Available Resources:

Alzheimers North Carolina, Greenville, NC

Spring Arbor of Greenville

Tyrrell House, Columbia, NC

Resources Needed:

More local facilities that deal with Alzheimers

More Support Groups for families of Alzheimers patient

Priority 3: Physical Activity/Nutrition Health Indicators: Good nutrition, physical activity, and a healthy body weight are essential parts of a person's overall health and well-being. Together, these can help decrease a person's risk of developing serious health conditions, such as high blood pressure, high cholesterol, diabetes, heart disease, stroke, and cancer.

Population at Risk: The poor, children, adults

Health Resources Available/Needed:

Available Resources:

Martin County Parks & Recreation

Farmer's Markets & Roadside Stands

Gyms/Private Recreational Facilities

Martin County NC Cooperative Extension

Martin County Senior Center

Physician Offices

Martin-Tyrrell-Washington District Health Department

Walking Trails

Resources Needed:

Weight Management Programs

More Nutrition Resources

More Fitness options for individuals with limited financial resources

Priority 4: Oral Health (Lower cavities in children and adults) **Health Indicator:** Oral diseases ranging from dental caries (cavities) to oral cancers cause pain and disability for millions of American as well as resident living in Martin County. The impact of these diseases does not stop at the mouth and teeth A growing body of evidence as linked oral health, particularly periodontal (gum) disease, to several chronic diseases, including diabetes. In pregnant women, poor oral health has also been associated with premature births and low birth weight. These conditions may be prevented in part with regular visits to the dentist.

Population at Risk: The poor, children, adults, pregnant women

Health Resources Available/Needed:

Available Resources:

Dentist Offices

MTW Dental Mobile Van (Molar Express)

Needed Resources:

More dentists taking Medicaid

More dentists in the county

We hope to incorporate any feedback on this report into the next CHNA process. Please send your feedback and comments to Billie Patrick at the Martin-Tyrrell-Washington District Health Department, billie.patrick@mtwdh.org.

Appendix A: Impact Since Prior CHNA Example: Diabetes

Significant Health Need Identified in Preceding CHNA	Planned Activities to Address Health Needs Identified in Preceding Implementation Strategy	Was Activity Implemented (Yes/No)	Results, Impact & Data Sources
Diabetes	Continue the 8 Weeks to Healthy Living program and look for ways to increase participation and completion of this program through faith-based and other community partnerships.	Yes	Seven Programs were held during FY16. 152 participants enrolled, 74% completed the program, total pounds lost of everyone involved was 830, total pounds lost those who completed program was 754.6, decreases in BMI of those who attend final screening was 92% normal versus 69% normal at the beginning of the program. Five programs were held during FY17. 82 participants enrolled, 61 participants completed the program, 74% completed the program, 214.5 total pounds lost by everyone enrolled, 197.6 total pounds lost by those who completed the program. 57% decrease in BMI of those who attended final screening.
	Continue its partnership with the YMCA to provide prevention and maintenance education on diabetes.	Yes	During FY16, Hospital X provided community health programming in three Healthy Living Center Locations in partnership with the YMCA. These centers provided health screenings, follow-up coaching and information related to diabetes prevention and/or maintenance to 129 people.
	Provide free BMI and blood glucose screenings at community health fairs and offer follow-up resources for those who are found to be high-risk for developing diabetes. Provide health literature on diabetes prevention and maintenance at all health screenings	Yes	Hospital X participated in 41 health fairs during FY16. 1,799 people received a health screening (blood pressure, BMI and/or blood glucose) and 621 people were identified with abnormal results. Hospital X participated in over 29 health fairs and community events during FY17 at which health screenings were provided. 1,199 people received a health screening (blood pressure, BMI and/or blood glucose) and 451 people were identified with abnormal results. Those with abnormal results received a follow-up call from a Social Responsibility staff member who connected them to a primary care clinic if they had not already done so themselves.
	Provide care coordination services for pre-diabetic and diabetic patients in Primary Care offices. Care coordinators work with patients to educate them on	Yes	Over 22 nurse care coordinators are embedded in primary care offices with high numbers of chronic complex patients and frequent utilizers of acute care services. In addition, centralized care coordinators are focused on managing medically complex patients discharged from Hospital X as well as high-risk individuals within the populations we serve through shared savings contracts, including the Hospital Employee Health Plan. This model also

	<p>prevention and disease management as well as directing patients to appropriate community resources for additional support.</p>		<p>supports primary care offices with lower numbers of chronic complex patients who could benefit from care coordination services.</p> <p>There was a total of 1,255 people in Care Coordination for Diabetes:</p> <ul style="list-style-type: none"> • Average A1c levels dropped a rate of -.31 • Average Blood Pressure Diastolic levels went up a rate of 1.7 • Average Blood Pressure Systolic levels dropped a rate of -.74 • Average BMI levels dropped a rate of -.07 <p>There was a total of 67 people in Care Coordination for Prediabetes.</p> <ul style="list-style-type: none"> • Average A1c levels went up a rate of .05 • Average Blood Pressure Diastolic levels dropped a rate of -1.41 • Average Blood Pressure Systolic levels dropped a rate of -1.6 • Average BMI levels went up a rate of .126
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Appendix B. Secondary Data Scoring

Overview

Data scoring consists of three stages, which are summarized in Figure 46:

Comparison Score

For each indicator, Martin County is assigned up to 7 comparison scores based on its comparison to other communities, whether health targets have been met, and the trend of the indicator value over time. Comparison scores range from 0-3, where 0 indicates the best outcome and 3 indicates the worst outcome (Figure 47).

Indicator Score

Indicator scores are calculated as a weighted average of comparison scores. Indicator scores range from 0-3, where 0 indicates the best outcome and 3 indicates the worst outcome (Figure 47).

Topic Score

Indicators are then categorized into topic areas. Topic scores are calculated by averaging all relevant indicator scores, with indicators equally weighted. Topic scores range from 0-3, where 0 indicates the best outcome and 3 indicates the worst outcome (Figure 47). Indicators may be categorized into more than one topic area.

Figure 46. Secondary Data Scoring Overview

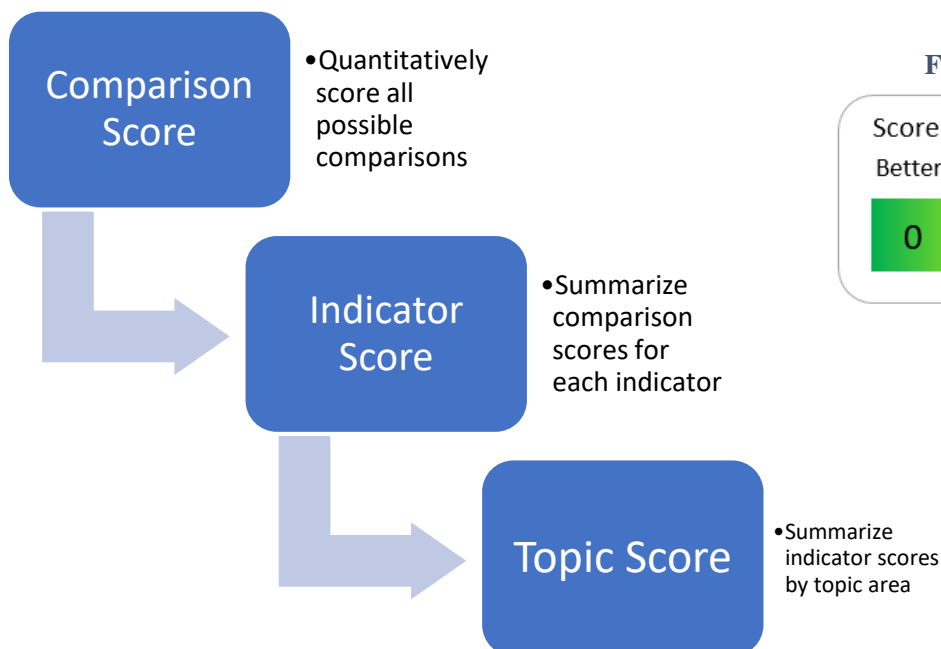
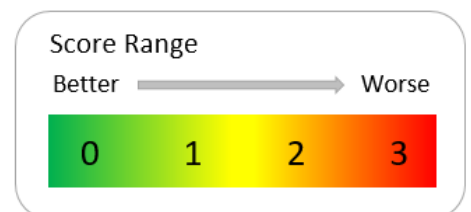


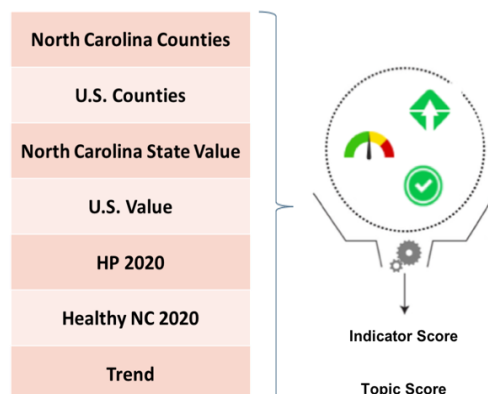
Figure 47. Score Range



Comparison Scores

Up to 7 comparison scores were used to assess the status of Martin County. The possible comparisons are shown in Figure 48 and include a comparison of Martin County to North Carolina counties, all U.S. counties, the North Carolina state value, the U.S. value, Healthy People 2020 targets, Healthy North Carolina 2020 targets, and the trend over time. Availability of each type of comparison varies by indicator and is dependent upon the data source, comparability with data collected for other communities, and changes in methodology over time. The determination of comparison scores for each type of comparison is discussed in more detail below.

Figure 48. Comparisons used in Secondary



Comparison to a Distribution of North Carolina Counties and U.S. Counties

For ease of interpretation and analysis, indicator data on [HealthENC.org](https://www.healthenc.org) is visually represented as a green-yellow-red gauge showing how Martin County is faring against a distribution of counties in North Carolina or the U.S. (Figure 49).

Figure 49. Compare to Distribution Indicator



A distribution is created by taking all county values within the state or nation, ordering them from low to high, and dividing them into four equally sized groups based on their order (Figure 50). The comparison score is determined by how Martin County falls within these four groups or quartiles.

Figure 50. Distribution of County Values



Comparison to North Carolina Value and U.S. Value

As shown in Figure 51, the diamond represents how Martin County compares to the North Carolina state value and the national value. When comparing to a single value, the comparison score is determined by how much better or worse the county value is relative to the comparison value.

Figure 51. Comparison to Single Value



Comparison to Healthy People 2020 and Healthy North Carolina 2020 Targets

As shown in Figure 52, the circle represents how Martin County compares to a target value. Two target values are taken into consideration for this analysis: Healthy People 2020 and Healthy North Carolina 2020. Healthy People 2020² goals are national objectives for improving the health of the nation set by the Department of Health and Human Services' (DHHS) Healthy People Initiative. Healthy North Carolina 2020³

objectives provide a common set of health indicators that the state can work to improve. The North Carolina Institute of Medicine, in collaboration with the Governor's Task Force for Healthy Carolinians; the Division of Public Health, North Carolina Department of Health and Human Services (NC DHHS); the Office of Healthy Carolinians and Health Education, NC DHHS; and the State Center for Health Statistics, NC DHHS, helped lead the development of the Healthy NC 2020 objectives. When comparing to a target, the comparison score is determined by whether the target is met or unmet, and the percent difference between the indicator value and the target value.

Figure 52. Comparison to Target Value



Trend Over Time

As shown in Figure 53, the square represents the measured trend. The Mann-Kendall statistical test for trend is used to assess whether the value for Martin County is increasing or decreasing over time and whether the trend is statistically significant. The trend comparison uses the four most recent comparable values for the county, and statistical significance is determined at the 90% confidence level. For each indicator with values available for four time periods, a comparison score is determined by the trend's direction and its statistical significance.

Figure 53. Trend Over Time



Missing Values

Indicator scores are calculated using the comparison scores, availability of which depends on the data source. If an indicator does not have data for a specific comparison type that is included for indicator score calculations, the missing comparison is substituted with a neutral score. When information is unknown due to lack of comparable data, the neutral value assumes that the missing comparison score is neither good nor bad and does not impact the indicator's weighted average.

Indicator Scoring

Indicator scores are calculated as a weighted average of all included comparison scores. If none of the included comparison types are possible for an indicator, no score is calculated, and the indicator is excluded from the data scoring results.

² For more information on Healthy People 2020, see <https://www.healthypeople.gov/>

³ For more Information on Healthy North Carolina 2020, see: <https://publichealth.nc.gov/hnc2020/>

Topic Scoring

Indicator scores are averaged by topic area to calculate topic scores. Each indicator may be included in up to three topic areas if appropriate. Resulting scores range from 0-3, where a higher score indicates a greater level of need as evidenced by the data. A topic score is only calculated if it includes at least three indicators.

Age, Gender and Race/Ethnicity Disparities

When a given indicator has data available for population subgroups – such as age, gender and race/ethnicity – and values for these subgroups include confidence intervals, we can determine if there is a significant difference between the subgroup's value and the overall value. A significant difference is defined as two values with non-overlapping confidence intervals. Confidence intervals are not available for all indicators. In these cases, disparities cannot be determined because there is not enough data to conclude whether two values are significantly different from each other.

Topic Scoring Table

Table 20 shows the Topic Scores for Martin County, with higher scores indicating a higher need.

Table 20. Topic Scores for Martin County

Health and Quality of Life Topics	Score
Heart Disease & Stroke	2.12
Maternal, Fetal & Infant Health	2.10
Wellness & Lifestyle	2.05
Mental Health & Mental Disorders	2.04
Diabetes	2.03
Other Chronic Diseases	2.02
Women's Health	2.00
Mortality Data	1.98
Public Safety	1.94
Cancer	1.92
Older Adults & Aging	1.91
Access to Health Services	1.89
Environmental & Occupational Health	1.88
Men's Health	1.82
Substance Abuse	1.81
Transportation	1.80
Economy	1.79
Education	1.73
Respiratory Diseases	1.69
Social Environment	1.66
Immunizations & Infectious Diseases	1.64
County Health Rankings	1.63
Exercise, Nutrition, & Weight	1.62
Prevention & Safety	1.57
Environment	1.40

Indicator Scoring Table

Table 21 (spanning multiple pages) presents the indicator data used in the quantitative data analysis. Indicators are grouped into topic areas and sorted by indicator score, with higher scores indicating a higher need. Martin County values are displayed alongside various comparison values and the period of measurement. Additional data can be found on HealthENC.org.

Table 21. Indicator Scores by Topic Area

SCORE	ACCESS TO HEALTH SERVICES	MEASUREMENT PERIOD	UNITS	MARTIN COUNTY	NORTH CAROLINA	U.S.	HP2020	HEALTHY NC 2020	HIGH DISPARITY*	SOURCE
2.30	Preventable Hospital Stays: Medicare Population	2014	discharges/ 1,000 Medicare enrollees	77.7	49.0	49.9				19
2.20	Mental Health Provider Rate	2017	providers/ 100,000 population	82.0	215.5	214.3				4
2.20	Primary Care Provider Rate	2015	providers/ 100,000 population	42.8	70.6	75.5				4
1.95	Non-Physician Primary Care Provider Rate	2017	providers/ 100,000 population	43.2	102.5	81.2				4
1.80	Dentist Rate	2016	dentists/ 100,000 population	30.2	54.7	67.4				4
1.58	Clinical Care Ranking	2018		59.0						4
1.18	Persons with Health Insurance	2016	percent	88.4	87.8		100.0	92		18
SCORE	CANCER	MEASUREMENT PERIOD	UNITS	MARTIN COUNTY	NORTH CAROLINA	U.S.	HP2020	HEALTHY NC 2020	HIGH DISPARITY*	SOURCE

2.70	Colorectal Cancer Incidence Rate	2010-2014	cases/ 100,000 population	46.5	37.7	39.8	39.9	7	
2.65	Age-Adjusted Death Rate due to Breast Cancer	2010-2014	deaths/ 100,000 females	32.7	21.6	21.2	20.7	7	
2.55	Age-Adjusted Death Rate due to Colorectal Cancer	2010-2014	deaths/ 100,000 population	18.1	14.1	14.8	14.5	10.1	7
2.50	Oral Cavity and Pharynx Cancer Incidence Rate	2010-2014	cases/ 100,000 population	16.7	12.2	11.5		7	
2.50	Pancreatic Cancer Incidence Rate	2010-2014	cases/ 100,000 population	17.2	12.0	12.5		7	
2.35	Breast Cancer Incidence Rate	2010-2014	cases/ 100,000 females	138.6	129.4	123.5		7	
2.25	Cancer: Medicare Population	2015	percent	8.0	7.7	7.8		3	
2.10	All Cancer Incidence Rate	2010-2014	cases/ 100,000 population	480.6	457.0	443.6		7	
1.95	Age-Adjusted Death Rate due to Cancer	2010-2014	deaths/ 100,000 population	181.9	172.0	166.1	161.4	7	

1.95	Age-Adjusted Death Rate due to Prostate Cancer	2010-2014	deaths/ 100,000 males	24.1	21.6	20.1	21.8		7
1.70	Lung and Bronchus Cancer Incidence Rate	2010-2014	cases/ 100,000 population	72.7	70.0	61.2			7
1.35	Prostate Cancer Incidence Rate	2010-2014	cases/ 100,000 males	124.9	125.0	114.8			7
1.30	Age-Adjusted Death Rate due to Lung Cancer	2010-2014	deaths/ 100,000 population	47.9	50.7	44.7	45.5		7
1.20	Age-Adjusted Death Rate due to Pancreatic Cancer	2010-2014	deaths/ 100,000 population	10.7	10.8	10.9			7
1.15	Mammography Screening: Medicare Population	2014	percent	69.0	67.9	63.1			19
0.50	Bladder Cancer Incidence Rate	2010-2014	cases/ 100,000 population	9.3	20.1	20.5			7

SCORE	CHILDREN'S HEALTH	MEASUREMENT PERIOD	UNITS	MARTIN COUNTY	NORTH CAROLINA	U.S.	HP2020	HEALTHY NC 2020	HIGH DISPARITY*	SOURCE
1.95	Child Food Insecurity Rate	2016	percent	23.5	20.9	17.9				5

1.05	Children with Low Access to a Grocery Store	2015	percent	0.8						22
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SCORE	COUNTY HEALTH RANKINGS	MEASUREMENT PERIOD	UNITS	MARTIN COUNTY	NORTH CAROLINA	U.S.	HP2020	HEALTHY NC 2020	HIGH DISPARITY*	SOURCE
1.73	Health Behaviors Ranking	2018		83.0						4
1.73	Morbidity Ranking	2018		87.0						4
1.73	Social and Economic Factors Ranking	2018		85.0						4
1.58	Clinical Care Ranking	2018		59.0						4
1.58	Mortality Ranking	2018		75.0						4
1.43	Physical Environment Ranking	2018		28.0						4

SCORE	DIABETES	MEASUREMENT PERIOD	UNITS	MARTIN COUNTY	NORTH CAROLINA	U.S.	HP2020	HEALTHY NC 2020	HIGH DISPARITY*	SOURCE
2.30	Adults 20+ with Diabetes	2014	percent	14.9	11.1	10.0				4
2.30	Diabetes: Medicare Population	2015	percent	36.1	28.4	26.5				3
2.28	Age-Adjusted Death Rate due to Diabetes	2012-2016	deaths/ 100,000 population	38.7	23.0	21.1				17

1.25	Diabetic Monitoring: Medicare Population	2014	percent	88.6	88.8	85.2				19
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SCORE	DISABILITIES	MEASUREMENT PERIOD	UNITS	MARTIN COUNTY	NORTH CAROLINA	U.S.	HP2020	HEALTHY NC 2020	HIGH DISPARITY*	SOURCE
2.70	Households with Supplemental Security Income	2012-2016	percent	8.4	5.0	5.4				1
1.28	Persons with Disability Living in Poverty (5-year)	2012-2016	percent	27.0	29.0	27.6				1

SCORE	ECONOMY	MEASUREMENT PERIOD	UNITS	MARTIN COUNTY	NORTH CAROLINA	U.S.	HP2020	HEALTHY NC 2020	HIGH DISPARITY*	SOURCE
2.70	Households with Supplemental Security Income	2012-2016	percent	8.4	5.0	5.4				1
2.50	Median Household Income	2012-2016	dollars	34957	48256	55322			Black or African American	1
2.50	Students Eligible for the Free Lunch Program	2015-2016	percent	86.4	52.6	42.6				8
2.40	Population 16+ in Civilian Labor Force	2012-2016	percent	54.9	61.5	63.1				1
2.40	Total Employment Change	2014-2015	percent	-3.3	3.1	2.5				21

2.30	Food Insecurity Rate	2016	percent	20.3	15.4	12.9			5
2.30	People 65+ Living Below Poverty Level	2012-2016	percent	16.7	9.7	9.3		75+	1
2.28	Median Housing Unit Value	2012-2016	dollars	84000	157100	184700			1
2.25	Female Population 16+ in Civilian Labor Force	2012-2016	percent	51.8	57.4	58.3			1
2.15	People Living 200% Above Poverty Level	2012-2016	percent	55.2	62.3	66.4			1
2.10	People Living Below Poverty Level	2012-2016	percent	20.2	16.8	15.1	12.5	<6	1
2.10	Unemployed Workers in Civilian Labor Force	April 2018	percent	4.8	3.7	3.7			20
2.00	Per Capita Income	2012-2016	dollars	21149	26779	29829		American Indian or Alaska Native, Hispanic or Latino, Other, Two or More Races	1
1.95	Child Food Insecurity Rate	2016	percent	23.5	20.9	17.9			5

1.95	Children Living Below Poverty Level	2012-2016	percent	29.0	23.9	21.2		1
1.95	Families Living Below Poverty Level	2012-2016	percent	15.1	12.4	11.0	Other	1
1.73	Social and Economic Factors Ranking	2018		85.0				4
1.53	Median Monthly Owner Costs for Households without a Mortgage	2012-2016	dollars	403	376	462		1
1.35	Homeownership	2012-2016	percent	56.9	55.5	55.9		1
1.35	Young Children Living Below Poverty Level	2012-2016	percent	26.3	27.3	23.6		1
1.28	Persons with Disability Living in Poverty (5-year)	2012-2016	percent	27.0	29.0	27.6		1
1.25	Severe Housing Problems	2010-2014	percent	16.2	16.6	18.8		4

1.10	Renters Spending 30% or More of Household Income on Rent	2012-2016	percent	42.1	49.4	47.3	36.1	1
1.05	Low-Income and Low Access to a Grocery Store	2015	percent	1.4				22
0.98	Mortgaged Owners Median Monthly Household Costs	2012-2016	dollars	1045	1243	1491		1
0.95	SNAP Certified Stores	2016	stores/ 1,000 population	1.4				22
0.93	Median Household Gross Rent	2012-2016	dollars	622	816	949		1
0.80	Households with Cash Public Assistance Income	2012-2016	percent	1.7	1.9	2.7		1

SCORE	EDUCATION	MEASUREMENT PERIOD	UNITS	MARTIN COUNTY	NORTH CAROLINA	U.S.	HP2020	HEALTHY NC 2020	HIGH DISPARITY*	SOURCE
2.00	High School Graduation	2016-2017	percent	82.1	86.5		87.0	94.6		13
1.90	8th Grade Students Proficient in Reading	2016-2017	percent	47.9	53.7					13
1.85	4th Grade Students Proficient in Math	2016-2017	percent	47.8	58.6					13

1.80	8th Grade Students Proficient in Math	2016-2017	percent	37.7	45.8					13
1.80	People 25+ with a Bachelor's Degree or Higher	2012-2016	percent	15.8	29.0	30.3				1
1.65	4th Grade Students Proficient in Reading	2016-2017	percent	47.4	57.7					13
1.55	People 25+ with a High School Degree or Higher	2012-2016	percent	83.7	86.3	87.0			65+, Black or African American, Hispanic or Latino	1
1.30	Student-to-Teacher Ratio	2015-2016	students/ teacher	14.5	15.6	17.7				8

SCORE	ENVIRONMENT	MEASUREMENT PERIOD	UNITS	MARTIN COUNTY	NORTH CAROLINA	U.S.	HP2020	HEALTHY NC 2020	HIGH DISPARITY*	SOURCE
2.40	Access to Exercise Opportunities	2018	percent	46.3	76.1	83.1				4
1.95	Households with No Car and Low Access to a Grocery Store	2015	percent	5.3						22
1.80	Liquor Store Density	2015	stores/ 100,000 population	8.6	5.8	10.5				21
1.75	Fast Food Restaurant Density	2014	restaurants/ 1,000 population	0.7						22
1.75	Houses Built Prior to 1950	2012-2016	percent	15.6	9.1	18.2				1

1.65	Food Environment Index	2018		6.8	6.4	7.7	4
1.65	Recreation and Fitness Facilities	2014	facilities/ 1,000 population	0.04			22
1.60	Recognized Carcinogens Released into Air	2016	pounds	47319			23
1.43	Physical Environment Ranking	2018		28.0			4
1.35	Grocery Store Density	2014	stores/ 1,000 population	0.2			22
1.28	Annual Particle Pollution	2013-2015		A			2
1.25	Severe Housing Problems	2010-2014	percent	16.2	16.6	18.8	4
1.20	PBT Released	2016	pounds	314			23
1.18	Annual Ozone Air Quality	2014-2016		A			2
1.05	Children with Low Access to a Grocery Store	2015	percent	0.8			22
1.05	Low-Income and Low Access to a Grocery Store	2015	percent	1.4			22
1.05	People 65+ with Low Access to a Grocery Store	2015	percent	0.7			22

0.95	Farmers Market Density	2016	markets/ 1,000 population	0.09						22
0.95	SNAP Certified Stores	2016	stores/ 1,000 population	1.4						22
0.68	Drinking Water Violations	FY 2013-14	percent	0.0	4.0			5		4

SCORE	ENVIRONMENTAL & OCCUPATIONAL HEALTH	MEASUREMENT PERIOD	UNITS	MARTIN COUNTY	NORTH CAROLINA	U.S.	HP2020	HEALTHY NC 2020	HIGH DISPARITY*	SOURCE
2.35	Asthma: Medicare Population	2015	percent	9.4	8.4	8.2				3
1.85	Age-Adjusted Hospitalization Rate due to Asthma	2014	hospitalizations/ 10,000 population	191.9	90.9					10
1.43	Physical Environment Ranking	2018		28.0						4

SCORE	EXERCISE, NUTRITION, & WEIGHT	MEASUREMENT PERIOD	UNITS	MARTIN COUNTY	NORTH CAROLINA	U.S.	HP2020	HEALTHY NC 2020	HIGH DISPARITY*	SOURCE
2.40	Access to Exercise Opportunities	2018	percent	46.3	76.1	83.1				4
2.35	Workers who Walk to Work	2012-2016	percent	1.4	1.8	2.8	3.1			1
2.30	Food Insecurity Rate	2016	percent	20.3	15.4	12.9				5
1.95	Child Food Insecurity Rate	2016	percent	23.5	20.9	17.9				5

1.95	Households with No Car and Low Access to a Grocery Store	2015	percent	5.3					22
1.85	Adults 20+ who are Sedentary	2014	percent	28.8	24.3	23.0	32.6		4
1.75	Fast Food Restaurant Density	2014	restaurants/ 1,000 population	0.7					22
1.73	Health Behaviors Ranking	2018		83.0					4
1.65	Food Environment Index	2018		6.8	6.4	7.7			4
1.65	Recreation and Fitness Facilities	2014	facilities/ 1,000 population	0.04					22
1.35	Grocery Store Density	2014	stores/ 1,000 population	0.2					22
1.05	Children with Low Access to a Grocery Store	2015	percent	0.8					22
1.05	Low-Income and Low Access to a Grocery Store	2015	percent	1.4					22
1.05	People 65+ with Low Access to a Grocery Store	2015	percent	0.7					22
0.95	Farmers Market Density	2016	markets/ 1,000 population	0.09					22

0.95	SNAP Certified Stores	2016	stores/ 1,000 population	1.4						22
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SCORE	FAMILY PLANNING	MEASUREMENT PERIOD	UNITS	MARTIN COUNTY	NORTH CAROLINA	U.S.	HP2020	HEALTHY NC 2020	HIGH DISPARITY*	SOURCE
1.55	Teen Pregnancy Rate	2012-2016	pregnancies/ 1,000 females aged 15-17	20.5	15.7		36.2			17

SCORE	GOVERNMENT & POLITICS	MEASUREMENT PERIOD	UNITS	MARTIN COUNTY	NORTH CAROLINA	U.S.	HP2020	HEALTHY NC 2020	HIGH DISPARITY*	SOURCE
1.55	Voter Turnout: Presidential Election	2016	percent	67.2	67.7					15

SCORE	HEART DISEASE & STROKE	MEASUREMENT PERIOD	UNITS	MARTIN COUNTY	NORTH CAROLINA	U.S.	HP2020	HEALTHY NC 2020	HIGH DISPARITY*	SOURCE
2.70	Hyperlipidemia: Medicare Population	2015	percent	51.5	46.3	44.6				3
2.70	Hypertension: Medicare Population	2015	percent	69.5	58.0	55.0				3
2.70	Stroke: Medicare Population	2015	percent	5.2	3.9	4.0				3
2.08	Age-Adjusted Death Rate due to Cerebrovascular Disease (Stroke)	2012-2016	deaths/ 100,000 population	47.7	43.1	36.9	34.8			17

2.00	Age-Adjusted Death Rate due to Heart Disease	2012-2016	deaths/ 100,000 population	226.7	161.3		161.5		17
1.80	Heart Failure: Medicare Population	2015	percent	14.7	12.5	13.5			3
1.75	Atrial Fibrillation: Medicare Population	2015	percent	8.0	7.7	8.1			3
1.20	Ischemic Heart Disease: Medicare Population	2015	percent	25.5	24.0	26.5			3

SCORE	IMMUNIZATIONS & INFECTIOUS DISEASES	MEASUREMENT PERIOD	UNITS	MARTIN COUNTY	NORTH CAROLINA	U.S.	HP2020	HEALTHY NC 2020	HIGH DISPARITY*	SOURCE
2.43	Tuberculosis Incidence Rate	2014	cases/ 100,000 population	9.5	2.0	3.0	1.0			11
2.23	Age-Adjusted Death Rate due to HIV	2012-2016	deaths/ 100,000 population	3.4	2.2	2.0	3.3			17
1.95	AIDS Diagnosis Rate	2016	cases/ 100,000 population	10.1	7.0					11
1.83	Chlamydia Incidence Rate	2016	cases/ 100,000 population	565.3	572.4	497.3				11
1.30	Syphilis Incidence Rate	2016	cases/ 100,000 population	4.3	10.8	8.7				9
1.20	HIV Diagnosis Rate	2014-2016	cases/ 100,000 population	11.7	16.1			22.2		11

1.18	Gonorrhea Incidence Rate	2016	cases/ 100,000 population	142.4	194.4	145.8				11
1.03	Age-Adjusted Death Rate due to Influenza and Pneumonia	2012-2016	deaths/ 100,000 population	14.0	17.8	14.8		13.5		17

SCORE	MATERNAL, FETAL & INFANT HEALTH	MEASUREMENT PERIOD	UNITS	MARTIN COUNTY	NORTH CAROLINA	U.S.	HP2020	HEALTHY NC 2020	HIGH DISPARITY*	SOURCE
2.43	Babies with Very Low Birth Weight	2012-2016	percent	2.5	1.7	1.4	1.4			16
2.23	Babies with Low Birth Weight	2012-2016	percent	12.2	9.0	8.1	7.8			16
2.18	Preterm Births	2016	percent	11.8	10.4	9.8	9.4			16
1.55	Teen Pregnancy Rate	2012-2016	pregnancies/ 1,000 females aged 15-17	20.5	15.7		36.2			17

SCORE	MEN'S HEALTH	MEASUREMENT PERIOD	UNITS	MARTIN COUNTY	NORTH CAROLINA	U.S.	HP2020	HEALTHY NC 2020	HIGH DISPARITY*	SOURCE
2.15	Life Expectancy for Males	2014	years	71.3	75.4	76.7		79.5		6
1.95	Age-Adjusted Death Rate due to Prostate Cancer	2010-2014	deaths/ 100,000 males	24.1	21.6	20.1	21.8			7
1.35	Prostate Cancer Incidence Rate	2010-2014	cases/ 100,000 males	124.9	125.0	114.8				7

SCORE	MENTAL HEALTH & MENTAL DISORDERS	MEASUREMENT PERIOD	UNITS	MARTIN COUNTY	NORTH CAROLINA	U.S.	HP2020	HEALTHY NC 2020	HIGH DISPARITY*	SOURCE
2.43	Age-Adjusted Death Rate due to Suicide	2012-2016	deaths/ 100,000 population	14.8	12.9	13.0	10.2	8.3		17
2.28	Age-Adjusted Death Rate due to Alzheimer's Disease	2012-2016	deaths/ 100,000 population	49.2	31.9	26.6				17
2.25	Poor Mental Health: Average Number of Days	2016	days	4.4	3.9	3.8		2.8		4
2.20	Alzheimer's Disease or Dementia: Medicare Population	2015	percent	10.5	9.8	9.9				3
2.20	Mental Health Provider Rate	2017	providers/ 100,000 population	82.0	215.5	214.3				4
2.10	Frequent Mental Distress	2016	percent	13.7	12.3	15.0				4
0.85	Depression: Medicare Population	2015	percent	14.5	17.5	16.7				3

SCORE	MORTALITY DATA	MEASUREMENT PERIOD	UNITS	MARTIN COUNTY	NORTH CAROLINA	U.S.	HP2020	HEALTHY NC 2020	HIGH DISPARITY*	SOURCE
2.65	Age-Adjusted Death Rate due to Breast Cancer	2010-2014	deaths/ 100,000 females	32.7	21.6	21.2	20.7			7

2.65	Alcohol-Impaired Driving Deaths	2012-2016	percent	37.5	31.4	29.3		4.7		4
2.55	Age-Adjusted Death Rate due to Colorectal Cancer	2010-2014	deaths/ 100,000 population	18.1	14.1	14.8	14.5	10.1		7
2.43	Age-Adjusted Death Rate due to Suicide	2012-2016	deaths/ 100,000 population	14.8	12.9	13.0	10.2	8.3		17
2.40	Premature Death	2014-2016	years/ 100,000 population	9187.2	7281.1	6658.1				4
2.28	Age-Adjusted Death Rate due to Alzheimer's Disease	2012-2016	deaths/ 100,000 population	49.2	31.9	26.6				17
2.28	Age-Adjusted Death Rate due to Diabetes	2012-2016	deaths/ 100,000 population	38.7	23.0	21.1				17
2.23	Age-Adjusted Death Rate due to HIV	2012-2016	deaths/ 100,000 population	3.4	2.2	2.0	3.3			17
2.13	Age-Adjusted Death Rate due to Homicide	2012-2016	deaths/ 100,000 population	7.1	6.2	5.5	5.5	6.7		17

2.08	Age-Adjusted Death Rate due to Cerebrovascular Disease (Stroke)	2012-2016	deaths/ 100,000 population	47.7	43.1	36.9	34.8	17
2.00	Age-Adjusted Death Rate due to Heart Disease	2012-2016	deaths/ 100,000 population	226.7	161.3		161.5	17
1.95	Age-Adjusted Death Rate due to Cancer	2010-2014	deaths/ 100,000 population	181.9	172.0	166.1	161.4	7
1.95	Age-Adjusted Death Rate due to Prostate Cancer	2010-2014	deaths/ 100,000 males	24.1	21.6	20.1	21.8	7
1.95	Death Rate due to Drug Poisoning	2006-2012	deaths/ 100,000 population	14.1	12.5	12.4		4
1.80	Age-Adjusted Death Rate due to Motor Vehicle Collisions	2012-2016	deaths/ 100,000 population	18.1	14.1			17
1.58	Mortality Ranking	2018		75.0				4
1.30	Age-Adjusted Death Rate due to Lung Cancer	2010-2014	deaths/ 100,000 population	47.9	50.7	44.7	45.5	7

1.23	Age-Adjusted Death Rate due to Unintentional Injuries	2012-2016	deaths/ 100,000 population	33.6	31.9	41.4	36.4		17
1.20	Age-Adjusted Death Rate due to Pancreatic Cancer	2010-2014	deaths/ 100,000 population	10.7	10.8	10.9			7
1.03	Age-Adjusted Death Rate due to Influenza and Pneumonia	2012-2016	deaths/ 100,000 population	14.0	17.8	14.8		13.5	17

SCORE	OLDER ADULTS & AGING	MEASUREMENT PERIOD	UNITS	MARTIN COUNTY	NORTH CAROLINA	U.S.	HP2020	HEALTHY NC 2020	HIGH DISPARITY*	SOURCE
2.70	Hyperlipidemia: Medicare Population	2015	percent	51.5	46.3	44.6				3
2.70	Hypertension: Medicare Population	2015	percent	69.5	58.0	55.0				3
2.70	Stroke: Medicare Population	2015	percent	5.2	3.9	4.0				3
2.55	Chronic Kidney Disease: Medicare Population	2015	percent	20.9	19.0	18.1				3

2.50	Rheumatoid Arthritis or Osteoarthritis: Medicare Population	2015	percent	33.0	29.1	30.0	3
2.35	Asthma: Medicare Population	2015	percent	9.4	8.4	8.2	3
2.30	Diabetes: Medicare Population	2015	percent	36.1	28.4	26.5	3
2.30	People 65+ Living Below Poverty Level	2012-2016	percent	16.7	9.7	9.3	75+ 1
2.28	Age-Adjusted Death Rate due to Alzheimer's Disease	2012-2016	deaths/ 100,000 population	49.2	31.9	26.6	17
2.25	Cancer: Medicare Population	2015	percent	8.0	7.7	7.8	3
2.20	Alzheimer's Disease or Dementia: Medicare Population	2015	percent	10.5	9.8	9.9	3
2.15	People 65+ Living Alone	2012-2016	percent	29.6	26.8	26.4	1
1.80	Heart Failure: Medicare Population	2015	percent	14.7	12.5	13.5	3
1.75	Atrial Fibrillation: Medicare Population	2015	percent	8.0	7.7	8.1	3

1.25	Diabetic Monitoring: Medicare Population	2014	percent	88.6	88.8	85.2				19
1.20	Ischemic Heart Disease: Medicare Population	2015	percent	25.5	24.0	26.5				3
1.15	COPD: Medicare Population	2015	percent	11.2	11.9	11.2				3
1.15	Mammography Screening: Medicare Population	2014	percent	69.0	67.9	63.1				19
1.05	People 65+ with Low Access to a Grocery Store	2015	percent	0.7						22
1.00	Osteoporosis: Medicare Population	2015	percent	4.9	5.4	6.0				3
0.85	Depression: Medicare Population	2015	percent	14.5	17.5	16.7				3

SCORE	ORAL HEALTH	MEASUREMENT PERIOD	UNITS	MARTIN COUNTY	NORTH CAROLINA	U.S.	HP2020	HEALTHY NC 2020	HIGH DISPARITY*	SOURCE
2.50	Oral Cavity and Pharynx Cancer Incidence Rate	2010-2014	cases/ 100,000 population	16.7	12.2	11.5				7
1.80	Dentist Rate	2016	dentists/ 100,000 population	30.2	54.7	67.4				4

SCORE	OTHER CHRONIC DISEASES	MEASUREMENT PERIOD	UNITS	MARTIN COUNTY	NORTH CAROLINA	U.S.	HP2020	HEALTHY NC 2020	HIGH DISPARITY*	SOURCE
2.55	Chronic Kidney Disease: Medicare Population	2015	percent	20.9	19.0	18.1				3
2.50	Rheumatoid Arthritis or Osteoarthritis: Medicare Population	2015	percent	33.0	29.1	30.0				3
1.00	Osteoporosis: Medicare Population	2015	percent	4.9	5.4	6.0				3

SCORE	PREVENTION & SAFETY	MEASUREMENT PERIOD	UNITS	MARTIN COUNTY	NORTH CAROLINA	U.S.	HP2020	HEALTHY NC 2020	HIGH DISPARITY*	SOURCE
1.95	Death Rate due to Drug Poisoning	2006-2012	deaths/ 100,000 population	14.1	12.5	12.4				4
1.80	Age-Adjusted Death Rate due to Motor Vehicle Collisions	2012-2016	deaths/ 100,000 population	18.1	14.1					17
1.60	Domestic Violence Deaths	2016	number	3						14
1.25	Severe Housing Problems	2010-2014	percent	16.2	16.6	18.8				4
1.23	Age-Adjusted Death Rate due to Unintentional Injuries	2012-2016	deaths/ 100,000 population	33.6	31.9	41.4	36.4			17

SCORE	PUBLIC SAFETY	MEASUREMENT PERIOD	UNITS	MARTIN COUNTY	NORTH CAROLINA	U.S.	HP2020	HEALTHY NC 2020	HIGH DISPARITY*	SOURCE
2.65	Alcohol-Impaired Driving Deaths	2012-2016	percent	37.5	31.4	29.3		4.7		4
2.13	Age-Adjusted Death Rate due to Homicide	2012-2016	deaths/ 100,000 population	7.1	6.2	5.5	5.5	6.7		17
1.80	Age-Adjusted Death Rate due to Motor Vehicle Collisions	2012-2016	deaths/ 100,000 population	18.1	14.1					17
1.78	Violent Crime Rate	2016	crimes/ 100,000 population	400.1	374.9	386.3				12
1.70	Property Crime Rate	2016	crimes/ 100,000 population	2867.9	2779.7					12
1.60	Domestic Violence Deaths	2016	number	3						14

SCORE	RESPIRATORY DISEASES	MEASUREMENT PERIOD	UNITS	MARTIN COUNTY	NORTH CAROLINA	U.S.	HP2020	HEALTHY NC 2020	HIGH DISPARITY*	SOURCE
2.43	Tuberculosis Incidence Rate	2014	cases/ 100,000 population	9.5	2.0	3.0	1.0			11
2.35	Asthma: Medicare Population	2015	percent	9.4	8.4	8.2				3
1.85	Age-Adjusted Hospitalization Rate due to Asthma	2014	hospitalizations/ 10,000 population	191.9	90.9					10

1.70	Lung and Bronchus Cancer Incidence Rate	2010-2014	cases/ 100,000 population	72.7	70.0	61.2			7
1.30	Age-Adjusted Death Rate due to Lung Cancer	2010-2014	deaths/ 100,000 population	47.9	50.7	44.7	45.5		7
1.15	COPD: Medicare Population	2015	percent	11.2	11.9	11.2			3
1.03	Age-Adjusted Death Rate due to Influenza and Pneumonia	2012-2016	deaths/ 100,000 population	14.0	17.8	14.8	13.5		17

SCORE	SOCIAL ENVIRONMENT	MEASUREMENT PERIOD	UNITS	MARTIN COUNTY	NORTH CAROLINA	U.S.	HP2020	HEALTHY NC 2020	HIGH DISPARITY*	SOURCE
2.50	Median Household Income	2012-2016	dollars	34957	48256	55322			Black or African American	1
2.40	Population 16+ in Civilian Labor Force	2012-2016	percent	54.9	61.5	63.1				1
2.40	Total Employment Change	2014-2015	percent	-3.3	3.1	2.5				21
2.28	Median Housing Unit Value	2012-2016	dollars	84000	157100	184700				1
2.25	Female Population 16+ in Civilian Labor Force	2012-2016	percent	51.8	57.4	58.3				1
2.15	People 65+ Living Alone	2012-2016	percent	29.6	26.8	26.4				1

2.10	People Living Below Poverty Level	2012-2016	percent	20.2	16.8	15.1	12.5	<6	1
2.00	Per Capita Income	2012-2016	dollars	21149	26779	29829		American Indian or Alaska Native, Hispanic or Latino, Other, Two or More Races	1
2.00	Single-Parent Households	2012-2016	percent	38.8	35.7	33.6			1
1.95	Children Living Below Poverty Level	2012-2016	percent	29.0	23.9	21.2			1
1.80	People 25+ with a Bachelor's Degree or Higher	2012-2016	percent	15.8	29.0	30.3			1
1.73	Social and Economic Factors Ranking	2018		85.0					4
1.55	People 25+ with a High School Degree or Higher	2012-2016	percent	83.7	86.3	87.0		65+, Black or African American, Hispanic or Latino	1
1.55	Voter Turnout: Presidential Election	2016	percent	67.2	67.7				15

1.53	Median Monthly Owner Costs for Households without a Mortgage	2012-2016	dollars	403	376	462				1
1.35	Homeownership	2012-2016	percent	56.9	55.5	55.9				1
1.35	Young Children Living Below Poverty Level	2012-2016	percent	26.3	27.3	23.6				1
1.25	Mean Travel Time to Work	2012-2016	minutes	23.6	24.1	26.1				1
1.18	Persons with Health Insurance	2016	percent	88.4	87.8		100.0	92		18
0.98	Mortgaged Owners Median Monthly Household Costs	2012-2016	dollars	1045	1243	1491				1
0.93	Median Household Gross Rent	2012-2016	dollars	622	816	949				1
0.65	Social Associations	2015	membership associations/ 10,000 population	15.4	11.5	9.3				4
0.30	Linguistic Isolation	2012-2016	percent	0.2	2.5	4.5				1
SCORE	SUBSTANCE ABUSE	MEASUREMENT PERIOD	UNITS	MARTIN COUNTY	NORTH CAROLINA	U.S.	HP2020	HEALTHY NC 2020	HIGH DISPARITY*	SOURCE
2.65	Alcohol-Impaired Driving Deaths	2012-2016	percent	37.5	31.4	29.3		4.7		4

2.25	Adults who Smoke	2016	percent	19.4	17.9	17.0	12.0	13		4
1.95	Death Rate due to Drug Poisoning	2006-2012	deaths/ 100,000 population	14.1	12.5	12.4				4
1.80	Liquor Store Density	2015	stores/ 100,000 population	8.6	5.8	10.5				21
1.73	Health Behaviors Ranking	2018		83.0						4
0.45	Adults who Drink Excessively	2016	percent	13.4	16.7	18.0	25.4			4

SCORE	TEEN & ADOLESCENT HEALTH	MEASUREMENT PERIOD	UNITS	MARTIN COUNTY	NORTH CAROLINA	U.S.	HP2020	HEALTHY NC 2020	HIGH DISPARITY*	SOURCE
1.55	Teen Pregnancy Rate	2012-2016	pregnancies/ 1,000 females aged 15-17	20.5	15.7		36.2			17

SCORE	TRANSPORTATION	MEASUREMENT PERIOD	UNITS	MARTIN COUNTY	NORTH CAROLINA	U.S.	HP2020	HEALTHY NC 2020	HIGH DISPARITY*	SOURCE
2.35	Workers who Drive Alone to Work	2012-2016	percent	85.5	81.1	76.4			American Indian or Alaska Native, Asian, Native Hawaiian or Other Pacific Islander	1
2.35	Workers who Walk to Work	2012-2016	percent	1.4	1.8	2.8	3.1			1
2.25	Workers Commuting by Public Transportation	2012-2016	percent	0.1	1.1	5.1	5.5			1

1.95	Households with No Car and Low Access to a Grocery Store	2015	percent	5.3						22
1.55	Solo Drivers with a Long Commute	2012-2016	percent	33.3	31.3	34.7				4
1.25	Mean Travel Time to Work	2012-2016	minutes	23.6	24.1	26.1				1
0.90	Households without a Vehicle	2012-2016	percent	6.3	6.3	9.0				1

SCORE	WELLNESS & LIFESTYLE	MEASUREMENT PERIOD	UNITS	MARTIN COUNTY	NORTH CAROLINA	U.S.	HP2020	HEALTHY NC 2020	HIGH DISPARITY*	SOURCE
2.55	Self-Reported General Health Assessment: Poor or Fair	2016	percent	21.6	17.6	16.0		9.9		4
2.25	Life Expectancy for Females	2014	years	77.0	80.2	81.5		79.5		6
2.25	Poor Physical Health: Average Number of Days	2016	days	4.2	3.6	3.7				4
2.15	Life Expectancy for Males	2014	years	71.3	75.4	76.7		79.5		6
1.80	Frequent Physical Distress	2016	percent	13.2	11.3	15.0				4
1.73	Morbidity Ranking	2018		87.0						4

1.65	Insufficient Sleep	2016	percent	34.9	33.8	38.0				4
------	--------------------	------	---------	------	------	------	--	--	--	---

SCORE	WOMEN'S HEALTH	MEASUREMENT PERIOD	UNITS	MARTIN COUNTY	NORTH CAROLINA	U.S.	HP2020	HEALTHY NC 2020	HIGH DISPARITY*	SOURCE
2.65	Age-Adjusted Death Rate due to Breast Cancer	2010-2014	deaths/ 100,000 females	32.7	21.6	21.2	20.7			7
2.35	Breast Cancer Incidence Rate	2010-2014	cases/ 100,000 females	138.6	129.4	123.5				7
2.25	Life Expectancy for Females	2014	years	77.0	80.2	81.5		79.5		6
1.60	Domestic Violence Deaths	2016	number	3						14
1.15	Mammography Screening: Medicare Population	2014	percent	69.0	67.9	63.1				19

Sources

Table 22 displays the list of sources used in secondary data scoring. Number keys are referenced alongside each indicator in the Indicator Scoring Table.

Table 22. Indicator Sources and Corresponding Number Keys

Number Key	Source
1	American Community Survey
2	American Lung Association
3	Centers for Medicare & Medicaid Services
4	County Health Rankings
5	Feeding America
6	Institute for Health Metrics and Evaluation
7	National Cancer Institute
8	National Center for Education Statistics
9	National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention
10	North Carolina Department of Health and Human Services
11	North Carolina Department of Health and Human Services, Communicable Disease Branch
12	North Carolina Department of Justice
13	North Carolina Department of Public Instruction
14	North Carolina Department of Public Safety
15	North Carolina State Board of Elections
16	North Carolina State Center for Health Statistics
17	North Carolina State Center for Health Statistics, Vital Statistics
18	Small Area Health Insurance Estimates
19	The Dartmouth Atlas of Health Care
20	U.S. Bureau of Labor Statistics
21	U.S. Census - County Business Patterns
22	U.S. Department of Agriculture - Food Environment Atlas
23	U.S. Environmental Protection Agency

Appendix C. Primary Data

Primary data used in this assessment was collected through a community survey and focus groups. The survey instruments and focus group questions are provided in this Appendix:

- [English Survey](#)
- [Spanish Survey](#)
- [Focus Group Questions](#)

English Survey

Eastern North Carolina Community Health Survey 2018

Welcome to the Community Health Survey for Eastern North Carolina!

We are conducting a Community Health Assessment for your county. This assessment is being undertaken by a partnership of 33 counties, hospitals, health systems, and health departments in Eastern North Carolina. It allows these partners to better understand the health status and needs of the community they serve and use the knowledge gained to implement programs that will benefit the community.

We can better understand community needs by gathering voices from the community. This survey allows community members like you to tell us about what you feel are important issues for your community. We estimate that it will take about 20 minutes to complete this ~60 question survey. Your answers to these questions will be kept confidential and anonymous.

Thank you very much for your input and your time! If you have questions about this survey, please contact Will Broughton at will.broughton@foundationhli.org.

Part 1: Quality of Life

First, tell us a little bit about yourself...

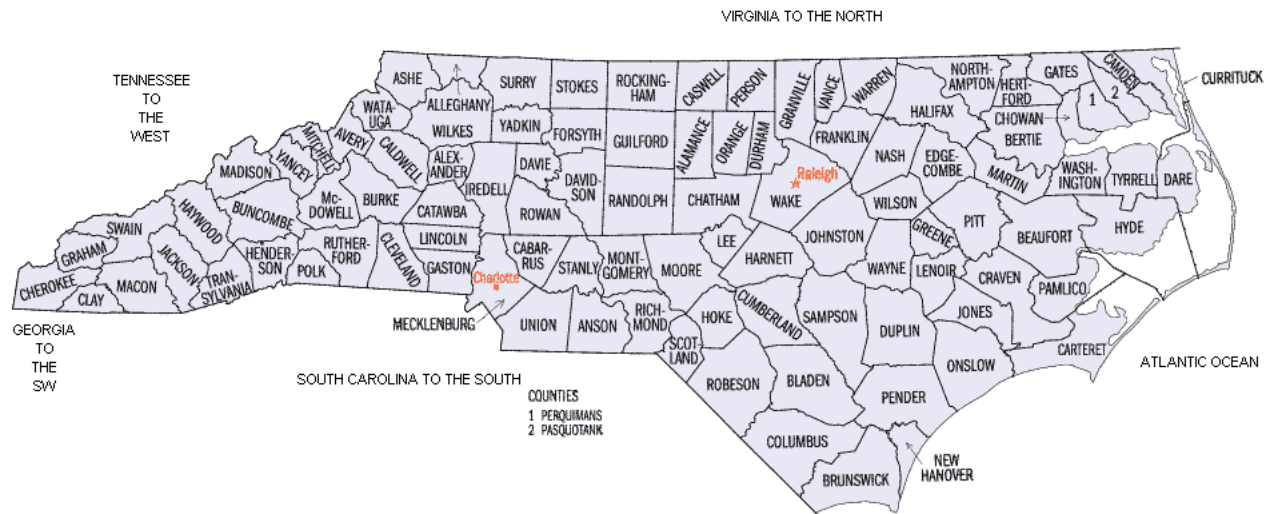
1. Where do you currently live?

ZIP/Postal Code

2. What county do you live in?

- | | | |
|-------------------------------------|-----------------------------------|-------------------------------------|
| <input type="checkbox"/> Beaufort | <input type="checkbox"/> Franklin | <input type="checkbox"/> Onslow |
| <input type="checkbox"/> Bertie | <input type="checkbox"/> Gates | <input type="checkbox"/> Pamlico |
| <input type="checkbox"/> Bladen | <input type="checkbox"/> Greene | <input type="checkbox"/> Pasquotank |
| <input type="checkbox"/> Camden | <input type="checkbox"/> Halifax | <input type="checkbox"/> Pender |
| <input type="checkbox"/> Carteret | <input type="checkbox"/> Hertford | <input type="checkbox"/> Perquimans |
| <input type="checkbox"/> Chowan | <input type="checkbox"/> Hoke | <input type="checkbox"/> Pitt |
| <input type="checkbox"/> Cumberland | <input type="checkbox"/> Hyde | <input type="checkbox"/> Sampson |
| <input type="checkbox"/> Currituck | <input type="checkbox"/> Johnston | <input type="checkbox"/> Tyrrell |
| <input type="checkbox"/> Dare | <input type="checkbox"/> Lenoir | <input type="checkbox"/> Washington |
| <input type="checkbox"/> Duplin | <input type="checkbox"/> Martin | <input type="checkbox"/> Wayne |
| <input type="checkbox"/> Edgecombe | <input type="checkbox"/> Nash | <input type="checkbox"/> Wilson |

North Carolina County Map



3. Think about the county that you live in. Please tell us whether you “strongly disagree”, “disagree”, “neutral”, “agree” or “strongly agree” with each of the next 9 statements.

Statements	Strongly Disagree	Disagree	Neutral	Strongly Agree	Agree
There is good healthcare in my County.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
This County is a good place to raise children.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
This County is a good place to grow old.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
There is plenty of economic opportunity in this County.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
This County is a safe place to live.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
There is plenty of help for people during times of need in this County.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
There is affordable housing that meets my needs in this County.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
There are good parks and recreation facilities in this County.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
It is easy to buy healthy foods in this County.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

PART 2: Community Improvement

The next set of questions will ask about community problems, issues, and services that are important to you. Remember your choices will not be linked to you in any way.

4. Please look at this list of community issues. In your opinion, which one issue most affects the quality of life in this County? (Please choose only one.)

- | | | |
|--|--|--|
| <input type="checkbox"/> Pollution (air, water, land) | <input type="checkbox"/> Discrimination/ racism | <input type="checkbox"/> Domestic violence |
| <input type="checkbox"/> Dropping out of school | <input type="checkbox"/> Lack of community support | <input type="checkbox"/> Violent crime (murder, assault) |
| <input type="checkbox"/> Low income/poverty | <input type="checkbox"/> Drugs (Substance Abuse) | <input type="checkbox"/> Theft |
| <input type="checkbox"/> Homelessness | <input type="checkbox"/> Neglect and abuse | <input type="checkbox"/> Rape/sexual assault |
| <input type="checkbox"/> Lack of/inadequate health insurance | <input type="checkbox"/> Elder abuse | |
| <input type="checkbox"/> Hopelessness | <input type="checkbox"/> Child abuse | |
| <input type="checkbox"/> Other (please specify) | | |

5. In your opinion, which one of the following services needs the most improvement in your neighborhood or community? (Please choose only one.)

- | | | |
|--|--|---|
| <input type="checkbox"/> Animal control | <input type="checkbox"/> Number of health care providers | <input type="checkbox"/> Positive teen activities |
| <input type="checkbox"/> Childcare options | <input type="checkbox"/> Culturally appropriate health services | <input type="checkbox"/> Transportation options |
| <input type="checkbox"/> Elder care options | <input type="checkbox"/> Counseling/ mental health/ support groups | <input type="checkbox"/> Availability of employment |
| <input type="checkbox"/> Services for disabled people | <input type="checkbox"/> Better/ more recreational facilities (parks, trails, community centers) | <input type="checkbox"/> Higher paying employment |
| <input type="checkbox"/> More affordable health services | <input type="checkbox"/> Healthy family activities | <input type="checkbox"/> Road maintenance |
| <input type="checkbox"/> Better/ more healthy food choices | | <input type="checkbox"/> Road safety |
| <input type="checkbox"/> More affordable/better housing | | <input type="checkbox"/> None |

☐ Other (please specify)

PART 3: Health Information

Now we'd like to hear more about where you get health information...

6. In your opinion, which one health behavior do people in your own community need more information about? (Please suggest only one.)

- | | | |
|--|--|---|
| <input type="checkbox"/> Eating well/
nutrition | <input type="checkbox"/> Using child safety
car seats | <input type="checkbox"/> Substance abuse
prevention (ex: drugs and
alcohol) |
| <input type="checkbox"/> Exercising/ fitness | <input type="checkbox"/> Using seat belts | <input type="checkbox"/> Suicide prevention |
| <input type="checkbox"/> Managing weight | <input type="checkbox"/> Driving safely | <input type="checkbox"/> Stress management |
| <input type="checkbox"/> Going to a dentist
for check-ups/ preventive
care | <input type="checkbox"/> Quitting smoking/
tobacco use prevention | <input type="checkbox"/> Anger management |
| <input type="checkbox"/> Going to the doctor
for yearly check-ups and
screenings | <input type="checkbox"/> Childcare/
parenting | <input type="checkbox"/> Domestic violence
prevention |
| <input type="checkbox"/> Getting prenatal
care during pregnancy | <input type="checkbox"/> Elder care | <input type="checkbox"/> Crime prevention |
| <input type="checkbox"/> Getting flu shots
and other vaccines | <input type="checkbox"/> Caring for family
members with special
needs/ disabilities | <input type="checkbox"/> Rape/ sexual abuse
prevention |
| <input type="checkbox"/> Preparing for an
emergency/disaster | <input type="checkbox"/> Preventing
pregnancy and sexually
transmitted disease (safe
sex) | <input type="checkbox"/> None |
| <input type="checkbox"/> Other (please specify) | | |

7. Where do you get most of your health-related information? (Please choose only one.)

- | | | |
|---|--|--|
| <input type="checkbox"/> Friends and family | <input type="checkbox"/> Internet | <input type="checkbox"/> Employer |
| <input type="checkbox"/> Doctor/nurse | <input type="checkbox"/> My child's school | <input type="checkbox"/> Help lines |
| <input type="checkbox"/> Pharmacist | <input type="checkbox"/> Hospital | <input type="checkbox"/> Books/magazines |
| <input type="checkbox"/> Church | <input type="checkbox"/> Health department | |

☐ Other (please specify)

8. What health topic(s)/ disease(s) would you like to learn more about?

9. Do you provide care for an elderly relative at your residence or at another residence?
(Choose only one.)

☐ Yes

☐ No

10. Do you have children between the ages of 9 and 19 for whom you are the caretaker?
(Includes stepchildren, grandchildren, or other relatives.) (Choose only one.)

☐ Yes

☐ No *(if No, skip to question #12)*

11. Which of the following health topics do you think your child/children need(s) more information about? (Check all that apply.)

☐ Dental hygiene

☐ Diabetes

☐ Drug abuse

☐ Nutrition

management

☐ Reckless

☐ Eating disorders

☐ Tobacco

driving/speeding

☐ Fitness/Exercise

☐ STDs (Sexually

☐ Mental health

☐ Asthma

Transmitted Diseases)

issues

management

☐ Sexual intercourse

☐ Suicide prevention

☐ Alcohol

☐ Other (please specify)

PART 4: Personal Health

These next questions are about your own personal health. Remember, the answers you give for this survey will not be linked to you in any way.

12. Would you say that, in general, your health is... (Choose only one.)

- ☐ Excellent
- ☐ Very Good
- ☐ Good
- ☐ Fair
- ☐ Poor
- ☐ Don't know/not sure

13. Have you ever been told by a doctor, nurse, or other health professional that you have any of the following health conditions?

	Yes	No	Don't Know
Asthma	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Depression or anxiety	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
High blood pressure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
High cholesterol	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Diabetes (not during pregnancy)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Osteoporosis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overweight/obesity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Angina/heart disease	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cancer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

14. Which of the following preventive services have you had in the past 12 months? (Check all that apply.)

- | | | |
|--|--|---|
| <input type="checkbox"/> Mammogram | <input type="checkbox"/> Bone density test | <input type="checkbox"/> Vision screening |
| <input type="checkbox"/> Prostate cancer screening | <input type="checkbox"/> Physical exam | <input type="checkbox"/> Cardiovascular screening |
| <input type="checkbox"/> Colon/rectal exam | <input type="checkbox"/> Pap smear | <input type="checkbox"/> Dental cleaning/X-rays |
| <input type="checkbox"/> Blood sugar check | <input type="checkbox"/> Flu shot | <input type="checkbox"/> None of the above |
| <input type="checkbox"/> Cholesterol check | <input type="checkbox"/> Blood pressure check | |
| <input type="checkbox"/> Hearing screening | <input type="checkbox"/> Skin cancer screening | |

15. About how long has it been since you last visited a dentist or dental clinic for any reason? Include visits to dental specialists, such as orthodontists. (Choose only one.)

- ☐ Within the past year (anytime less than 12 months ago)
- ☐ Within the past 2 years (more than 1 year but less than 2 years ago)
- ☐ Within the past 5 years (more than 2 years but less than 5 years ago)
- ☐ Don't know/not sure
- ☐ Never

16. In the past 30 days, have there been any days when feeling sad or worried kept you from going about your normal activities? (Choose only one.)

- ☐ Yes
- ☐ No
- ☐ Don't know/not sure

17. The next question is about alcohol. One drink is equivalent to a 12-ounce beer, a 5 ounce glass of wine, or a drink with one shot of liquor.

Considering all types of alcoholic beverages, how many times during the past 30 days did you have 5 or more drinks (if male) or 4 or more drinks (if female) on an occasion?

- | | | | | | | | |
|----------------------------|----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input type="checkbox"/> 0 | <input type="checkbox"/> 4 | <input type="checkbox"/> 8 | <input type="checkbox"/> 12 | <input type="checkbox"/> 16 | <input type="checkbox"/> 20 | <input type="checkbox"/> 24 | <input type="checkbox"/> 28 |
| <input type="checkbox"/> 1 | <input type="checkbox"/> 5 | <input type="checkbox"/> 9 | <input type="checkbox"/> 13 | <input type="checkbox"/> 17 | <input type="checkbox"/> 21 | <input type="checkbox"/> 25 | <input type="checkbox"/> 29 |
| <input type="checkbox"/> 2 | <input type="checkbox"/> 6 | <input type="checkbox"/> 10 | <input type="checkbox"/> 14 | <input type="checkbox"/> 18 | <input type="checkbox"/> 22 | <input type="checkbox"/> 26 | <input type="checkbox"/> 30 |
| <input type="checkbox"/> 3 | <input type="checkbox"/> 7 | <input type="checkbox"/> 11 | <input type="checkbox"/> 15 | <input type="checkbox"/> 19 | <input type="checkbox"/> 23 | <input type="checkbox"/> 27 | |

☐ Don't know / not sure

18. Now we will ask a question about drug use. The answers that people give us about their use of drugs are important for understanding health issues in the county. We know that this information is personal but remember your answers will be kept confidential.

Have you used any illegal drugs within the past 30 days? When we say illegal drugs this includes marijuana, cocaine, crack cocaine, heroin, or any other illegal drug substance. On about how many days have you used one of these drugs? (*Choose only one.*)

- | | | | | | | | |
|----------------------------|----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input type="checkbox"/> 0 | <input type="checkbox"/> 4 | <input type="checkbox"/> 8 | <input type="checkbox"/> 12 | <input type="checkbox"/> 16 | <input type="checkbox"/> 20 | <input type="checkbox"/> 24 | <input type="checkbox"/> 28 |
| <input type="checkbox"/> 1 | <input type="checkbox"/> 5 | <input type="checkbox"/> 9 | <input type="checkbox"/> 13 | <input type="checkbox"/> 17 | <input type="checkbox"/> 21 | <input type="checkbox"/> 25 | <input type="checkbox"/> 29 |
| <input type="checkbox"/> 2 | <input type="checkbox"/> 6 | <input type="checkbox"/> 10 | <input type="checkbox"/> 14 | <input type="checkbox"/> 18 | <input type="checkbox"/> 22 | <input type="checkbox"/> 26 | <input type="checkbox"/> 30 |
| <input type="checkbox"/> 3 | <input type="checkbox"/> 7 | <input type="checkbox"/> 11 | <input type="checkbox"/> 15 | <input type="checkbox"/> 19 | <input type="checkbox"/> 23 | <input type="checkbox"/> 27 | |

☐ Don't know / not sure

(if you responded 0, skip to question #20)

19. During the past 30 days, which illegal drug did you use? (*Check all that apply.*)

- ☐ Marijuana
- ☐ Cocaine
- ☐ Heroin
- ☐ Other (please specify)

20. During the past 30 days, have you taken any prescription drugs that you did not have a prescription for (such as Oxycontin, Percocet, Demerol, Adderall, Ritalin, or Xanax)? How many times during the past 30 days did you use a prescription drug that you did not have a prescription for? (*Choose only one.*)

- | | | | | | | | |
|--|----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input type="checkbox"/> 0 | <input type="checkbox"/> 4 | <input type="checkbox"/> 8 | <input type="checkbox"/> 12 | <input type="checkbox"/> 16 | <input type="checkbox"/> 20 | <input type="checkbox"/> 24 | <input type="checkbox"/> 28 |
| <input type="checkbox"/> 1 | <input type="checkbox"/> 5 | <input type="checkbox"/> 9 | <input type="checkbox"/> 13 | <input type="checkbox"/> 17 | <input type="checkbox"/> 21 | <input type="checkbox"/> 25 | <input type="checkbox"/> 29 |
| <input type="checkbox"/> 2 | <input type="checkbox"/> 6 | <input type="checkbox"/> 10 | <input type="checkbox"/> 14 | <input type="checkbox"/> 18 | <input type="checkbox"/> 22 | <input type="checkbox"/> 26 | <input type="checkbox"/> 30 |
| <input type="checkbox"/> 3 | <input type="checkbox"/> 7 | <input type="checkbox"/> 11 | <input type="checkbox"/> 15 | <input type="checkbox"/> 19 | <input type="checkbox"/> 23 | <input type="checkbox"/> 27 | |
| <input type="checkbox"/> Don't know / not sure | | | | | | | |

21. The next question relates to veteran's health. Have you ever served on active duty in the US Armed Forces (not including active duty only for training in the Reserves or National Guard)? (Choose only one.)

- ☐ Yes
- ☐ No *(if No, skip to question #23)*

22. Has a doctor or other health professional ever told you that you have depression, anxiety, or post-traumatic stress disorder (PTSD)? (Choose only one.)

- ☐ Yes
- ☐ No

23. Now we'd like to know about your fitness. During a normal week, other than in your regular job, do you engage in any physical activity or exercise that lasts at least a half an hour? (Choose only one.)

- ☐ Yes
- ☐ No *(if No, skip to question #26)*
- ☐ Don't know/not sure *(if Don't know/not sure, skip to question #26)*

24. Since you said yes, how many times do you exercise or engage in physical activity during a normal week?

25. Where do you go to exercise or engage in physical activity? (Check all that apply.)

- | | |
|---|--|
| <input type="checkbox"/> YMCA | <input type="checkbox"/> Worksite/Employer |
| <input type="checkbox"/> Park | <input type="checkbox"/> School Facility/Grounds |
| <input type="checkbox"/> Public Recreation Center | <input type="checkbox"/> Home |
| <input type="checkbox"/> Private Gym | <input type="checkbox"/> Place of Worship |
| <input type="checkbox"/> Other (please specify) | |

Since you responded YES to #23 (physical activity/exercise), skip to question #27.

26. Since you said "no", what are the reasons you do not exercise for at least a half hour during a normal week? You can give as many of these reasons as you need to.

- | | |
|--|---|
| <input type="checkbox"/> My job is physical or hard labor | <input type="checkbox"/> I don't like to exercise. |
| <input type="checkbox"/> Exercise is not important to me. | <input type="checkbox"/> It costs too much to exercise. |
| <input type="checkbox"/> I don't have access to a facility that has the things I need, like a pool, golf course, or a track. | <input type="checkbox"/> There is no safe place to exercise. |
| <input type="checkbox"/> I don't have enough time to exercise. | <input type="checkbox"/> I would need transportation and I don't have it. |
| <input type="checkbox"/> I would need childcare and I don't have it. | <input type="checkbox"/> I'm too tired to exercise. |
| <input type="checkbox"/> I don't know how to find exercise partners. | <input type="checkbox"/> I'm physically disabled. |
| <input type="checkbox"/> Other (please specify) | <input type="checkbox"/> I don't know |

27. Not counting lettuce salad or potato products such as french fries, think about how often you eat fruits and vegetables in an average week.

How many cups per week of fruits and vegetables would you say you eat? (*One apple or 12 baby carrots equal one cup.*)

Number of Cups of Fruit

Number of Cups of Vegetables

Number of Cups of 100% Fruit Juice

28. Have you ever been exposed to secondhand smoke in the past year? (*Choose only one.*)

- ☐ Yes
- ☐ No (*if No, skip to question #30*)
- ☐ Don't know/not sure (*if Don't know/not sure, skip to question #30*)

29. If yes, where do you think you are exposed to secondhand smoke most often? (*Check only one.*)

- ☐ Home
- ☐ Workplace
- ☐ Hospitals
- ☐ Restaurants
- ☐ School
- ☐ I am not exposed to secondhand smoke.
- ☐ Other (please specify)

30. Do you currently use tobacco products? (This includes cigarettes, electronic cigarettes, chewing tobacco and vaping.) (Choose only one.)

- ☐ Yes
- ☐ No *(if No, skip to question #32)*

31. If yes, where would you go for help if you wanted to quit? (Choose only one).

- | | |
|--|---|
| <input type="checkbox"/> Quit Line NC | <input type="checkbox"/> Health Department |
| <input type="checkbox"/> Doctor | <input type="checkbox"/> I don't know |
| <input type="checkbox"/> Pharmacy | <input type="checkbox"/> Not applicable; I don't want to quit |
| <input type="checkbox"/> Private counselor/therapist | |
| <input type="checkbox"/> Other (please specify) | |

32. Now we will ask you questions about your personal flu vaccines. An influenza/flu vaccine can be a "flu shot" injected into your arm or spray like "FluMist" which is sprayed into your nose. During the past 12 months, have you had a seasonal flu vaccine? (Choose only one.)

- ☐ Yes, flu shot
- ☐ Yes, flu spray
- ☐ Yes, both
- ☐ No
- ☐ Don't know/not sure

Part 5: Access to Care/Family Health

33. Where do you go most often when you are sick? (Choose only one.)

- | | |
|---|---|
| <input type="checkbox"/> Doctor's office | <input type="checkbox"/> Medical clinic |
| <input type="checkbox"/> Health department | <input type="checkbox"/> Urgent care center |
| <input type="checkbox"/> Hospital | |
| <input type="checkbox"/> Other (please specify) | |

34. Do you have any of the following types of health insurance or health care coverage? (Choose all that apply.)

- ☐ Health insurance my employer provides
- ☐ Health insurance my spouse's employer provides
- ☐ Health insurance my school provides
- ☐ Health insurance my parent or my parent's employer provides
- ☐ Health insurance I bought myself
- ☐ Health insurance through Health Insurance Marketplace (Obamacare)
- ☐ The military, Tricare, or the VA
- ☐ Medicaid
- ☐ Medicare
- ☐ No health insurance of any kind

35. In the past 12 months, did you have a problem getting the health care you needed for you personally or for a family member from any type of health care provider, dentist, pharmacy, or other facility? (Choose only one.)

- ☐ Yes
- ☐ No *(if No, skip to question #38)*
- ☐ Don't know/not sure

36. Since you said "yes," what type of provider or facility did you or your family member have trouble getting health care from? You can choose as many of these as you need to.

- | | | |
|--|---|---|
| <input type="checkbox"/> Dentist | <input type="checkbox"/> Pediatrician | <input type="checkbox"/> Urgent Care Center |
| <input type="checkbox"/> General practitioner | <input type="checkbox"/> OB/GYN | <input type="checkbox"/> Medical Clinic |
| <input type="checkbox"/> Eye care/ optometrist/
ophthalmologist | <input type="checkbox"/> Health
department | <input type="checkbox"/> Specialist |
| <input type="checkbox"/> Pharmacy/
prescriptions | <input type="checkbox"/> Hospital | |
| <input type="checkbox"/> Other (please specify) | | |

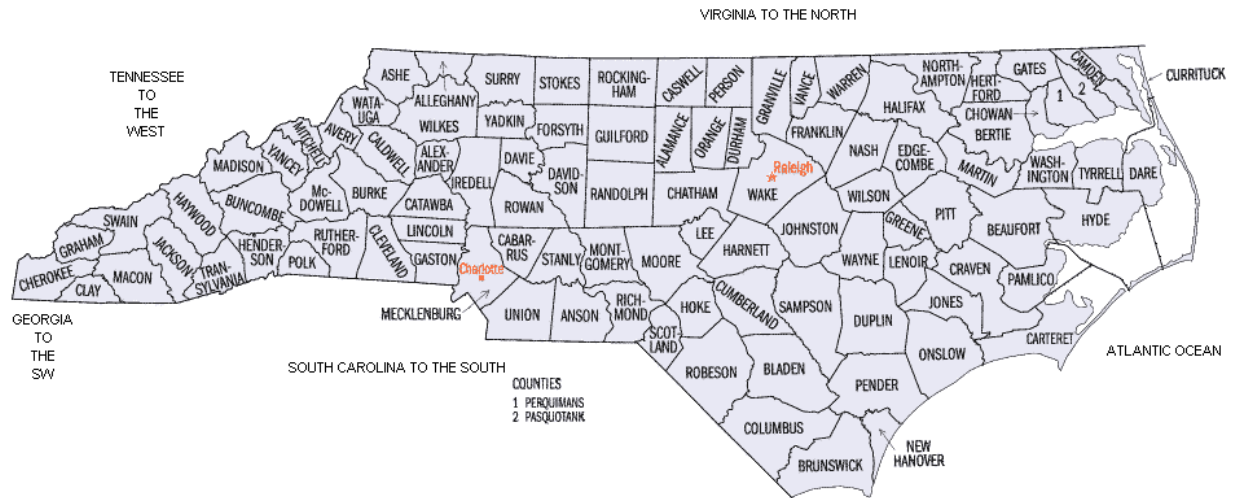
37. Which of these problems prevented you or your family member from getting the necessary health care? You can choose as many of these as you need to.

- ☐ No health insurance.
- ☐ Insurance didn't cover what I/we needed.
- ☐ My/our share of the cost (deductible/co-pay) was too high.
- ☐ Doctor would not take my/our insurance or Medicaid.
- ☐ Hospital would not take my/our insurance.
- ☐ Pharmacy would not take my/our insurance or Medicaid.
- ☐ Dentist would not take my/our insurance or Medicaid.
- ☐ No way to get there.
- ☐ Didn't know where to go.
- ☐ Couldn't get an appointment.
- ☐ The wait was too long.
- ☐ The provider denied me care or treated me in a discriminatory manner because of my HIV status, or because I am an LGBT individual.

38. In what county are most of the medical providers you visit located? (Choose only one.)

<input type="checkbox"/> Beaufort	<input type="checkbox"/> Edgecombe	<input type="checkbox"/> Martin	<input type="checkbox"/> Sampson
<input type="checkbox"/> Bertie	<input type="checkbox"/> Franklin	<input type="checkbox"/> Moore	<input type="checkbox"/> Scotland
<input type="checkbox"/> Bladen	<input type="checkbox"/> Gates	<input type="checkbox"/> Nash	<input type="checkbox"/> Tyrrell
<input type="checkbox"/> Brunswick	<input type="checkbox"/> Granville	<input type="checkbox"/> New Hanover	<input type="checkbox"/> Vance
<input type="checkbox"/> Camden	<input type="checkbox"/> Greene	<input type="checkbox"/> Northampton	<input type="checkbox"/> Wake
<input type="checkbox"/> Carteret	<input type="checkbox"/> Halifax	<input type="checkbox"/> Onslow	<input type="checkbox"/> Warren
<input type="checkbox"/> Chowan	<input type="checkbox"/> Harnett	<input type="checkbox"/> Pamlico	<input type="checkbox"/> Washington
<input type="checkbox"/> Columbus	<input type="checkbox"/> Hertford	<input type="checkbox"/> Pasquotank	<input type="checkbox"/> Wayne
<input type="checkbox"/> Craven	<input type="checkbox"/> Hoke	<input type="checkbox"/> Pender	<input type="checkbox"/> Wilson
<input type="checkbox"/> Cumberland	<input type="checkbox"/> Hyde	<input type="checkbox"/> Perquimans	<input type="checkbox"/> The State Virginia
<input type="checkbox"/> Currituck	<input type="checkbox"/> Johnston	<input type="checkbox"/> Pitt	
<input type="checkbox"/> Dare	<input type="checkbox"/> Jones	<input type="checkbox"/> Richmond	
<input type="checkbox"/> Duplin	<input type="checkbox"/> Lenoir	<input type="checkbox"/> Robeson	
<input type="checkbox"/> Other (please specify)			

North Carolina County Map



39. In the previous 12 months, were you ever worried about whether your family's food would run out before you got money to buy more? (*Choose only one.*)

- ☐ Yes
- ☐ No
- ☐ Don't know/not sure

40. If a friend or family member needed counseling for a mental health or a drug/alcohol abuse problem, who is the first person you would tell them to talk to? (*Choose only one.*)

- | | |
|--|---|
| <input type="checkbox"/> Private counselor or therapist | <input type="checkbox"/> Don't know |
| <input type="checkbox"/> Support group (e.g., AA, Al-Anon) | <input type="checkbox"/> Doctor |
| <input type="checkbox"/> School counselor | <input type="checkbox"/> Pastor/Minister/Clergy |
| <input type="checkbox"/> Other (please specify) | |

Part 6: Emergency Preparedness

41. Does your household have working smoke and carbon monoxide detectors? (*Choose only one.*)

- ☐ Yes, smoke detectors only
- ☐ Yes, both
- ☐ Don't know/not sure
- ☐ Yes, carbon monoxide detectors only
- ☐ No

42. Does your family have a basic emergency supply kit? (These kits include water, non-perishable food, any necessary prescriptions, first aid supplies, flashlight and batteries, non-electric can opener, blanket, etc.)

- ☐ Yes
- ☐ No
- ☐ Don't know/not sure

If yes, how many days do you have supplies for? (Write number of days)

43. What would be your main way of getting information from authorities in a large-scale disaster or emergency? (*Check only one.*)

- | | |
|--|--|
| <input type="checkbox"/> Television | <input type="checkbox"/> Social networking site |
| <input type="checkbox"/> Radio | <input type="checkbox"/> Neighbors |
| <input type="checkbox"/> Internet | <input type="checkbox"/> Family |
| <input type="checkbox"/> Telephone (landline) | <input type="checkbox"/> Text message (emergency alert system) |
| <input type="checkbox"/> Cell Phone | <input type="checkbox"/> Don't know/not sure |
| <input type="checkbox"/> Print media (ex: newspaper) | |
| <input type="checkbox"/> Other (please specify) | |

44. If public authorities announced a mandatory evacuation from your neighborhood or community due to a large-scale disaster or emergency, would you evacuate? (Check only one.)

- ☐ Yes *(if Yes, skip to question #46)*
- ☐ No
- ☐ Don't know/not sure

45. What would be the main reason you might not evacuate if asked to do so? (Check only one.)

- | | |
|--|--|
| <input type="checkbox"/> Lack of transportation | <input type="checkbox"/> Concern about leaving pets |
| <input type="checkbox"/> Lack of trust in public officials | <input type="checkbox"/> Concern about traffic jams and inability to get out |
| <input type="checkbox"/> Concern about leaving property behind | <input type="checkbox"/> Health problems (could not be moved) |
| <input type="checkbox"/> Concern about personal safety | <input type="checkbox"/> Don't know/not sure |
| <input type="checkbox"/> Concern about family safety | |
| <input type="checkbox"/> Other (please specify) | |

Part 7: Demographic Questions

The next set of questions are general questions about you, which will only be reported as a summary of all answers given by survey participants. Your answers will remain anonymous.

46. How old are you? (Choose only one.)

- | | | |
|--------------------------------|--------------------------------|--------------------------------------|
| <input type="checkbox"/> 15-19 | <input type="checkbox"/> 40-44 | <input type="checkbox"/> 65-69 |
| <input type="checkbox"/> 20-24 | <input type="checkbox"/> 45-49 | <input type="checkbox"/> 70-74 |
| <input type="checkbox"/> 25-29 | <input type="checkbox"/> 50-54 | <input type="checkbox"/> 75-79 |
| <input type="checkbox"/> 30-34 | <input type="checkbox"/> 55-59 | <input type="checkbox"/> 80-84 |
| <input type="checkbox"/> 35-39 | <input type="checkbox"/> 60-64 | <input type="checkbox"/> 85 or older |

47. What is your gender? (Choose only one.)

- ☐ Male
- ☐ Female
- ☐ Transgender
- ☐ Gender non-conforming
- ☐ Other

48. Are you of Hispanic, Latino, or Spanish origin? (Choose only one).

- ☐ I am not of Hispanic, Latino or Spanish origin
- ☐ Mexican, Mexican American, or Chicano
- ☐ Puerto Rican
- ☐ Cuban or Cuban American
- ☐ Other Hispanic or Latino (please specify)

49. What is your race? (*Choose only one.*)

- ☐ White or Caucasian
- ☐ Black or African American
- ☐ American Indian or Alaska Native
- ☐ Asian Indian
- ☐ Other Asian including Japanese, Chinese, Korean, Vietnamese, and Filipino/a
- ☐ Other Pacific Islander including Native Hawaiian, Samoan, Guamanian/Chamorro
- ☐ Other race not listed here (please specify)

50. Is English the primary language spoken in your home? (*Choose only one.*)

- ☐ Yes
- ☐ No. If no, please specify the primary language spoken in your home.

51. What is your marital status? (*Choose only one.*)

- ☐ Never married/single
- ☐ Married
- ☐ Unmarried partner
- ☐ Divorced
- ☐ Widowed
- ☐ Separated
- ☐ Other (please specify)

52. Select the highest level of education you have achieved. (Choose only one.)

- ☐ Less than 9th grade
- ☐ 9-12th grade, no diploma
- ☐ High School graduate (or GED/equivalent)
- ☐ Associate's Degree or Vocational Training
- ☐ Some college (no degree)
- ☐ Bachelor's degree
- ☐ Graduate or professional degree
- ☐ Other (please specify)

53. What was your total household income last year, before taxes? (Choose only one.)

- | | |
|---|---|
| <input type="checkbox"/> Less than \$10,000 | <input type="checkbox"/> \$35,000 to \$49,999 |
| <input type="checkbox"/> \$10,000 to \$14,999 | <input type="checkbox"/> \$50,000 to \$74,999 |
| <input type="checkbox"/> \$15,000 to \$24,999 | <input type="checkbox"/> \$75,000 to \$99,999 |
| <input type="checkbox"/> \$25,000 to \$34,999 | <input type="checkbox"/> \$100,000 or more |

54. Enter the number of individuals in your household (including yourself).

55. What is your employment status? (Check all that apply.)

- | | |
|---|--|
| <input type="checkbox"/> Employed full-time | <input type="checkbox"/> Unemployed for 1 year or less |
| <input type="checkbox"/> Employed part-time | <input type="checkbox"/> Unemployed for more than 1 year |
| <input type="checkbox"/> Retired | |
| <input type="checkbox"/> Armed forces | |
| <input type="checkbox"/> Disabled | |
| <input type="checkbox"/> Student | |
| <input type="checkbox"/> Homemaker | |
| <input type="checkbox"/> Self-employed | |

56. Do you have access to the Internet at home (including broadband, wifi, dial-up or cellular data)?
(Choose only one.)

- ☐ Yes
- ☐ No
- ☐ Don't know/not sure

57. (Optional) Is there anything else you would like us to know about your community? Please feel free to tell us below.

[Thank you for your time and participation!](#)

If you have questions about this survey, please contact us at will.broughton@foundationhli.org.

Encuesta de salud de la comunidad del Este de Carolina del Norte 2018

¡Bienvenido a la encuesta de salud comunitaria para el Este de Carolina del Norte!

Estamos llevando a cabo una evaluación de salud comunitaria para su condado. Esta evaluación está siendo realizada por una asociación de 33 condados, hospitales, sistemas de salud y departamentos de salud en el Este de Carolina del Norte. Esta evaluación les permite a estos socios comprender mejor el estado de salud y las necesidades de la comunidad a la que sirven y utilizar el conocimiento adquirido para implementar programas que beneficiarán a esta comunidad.

Podemos entender mejor las necesidades de la comunidad reuniendo las voces de los miembros de su comunidad. Esta evaluación permite que los miembros de la comunidad como usted, nos cuente sobre lo que considera son asuntos importantes para su comunidad. De ante mano le agradecemos por los 20 minutos que tomará completar esta encuesta de 57 preguntas. Sus respuestas a estas preguntas se mantendrán confidenciales y anónimas.

¡Muchas gracias por su aporte y su tiempo! Si tiene preguntas sobre esta encuesta, puede enviar un correo electrónico a Will Broughton en will.broughton@foundationhli.org.

PARTE 1: Calidad de vida

Primero, cuéntenos un poco sobre usted:

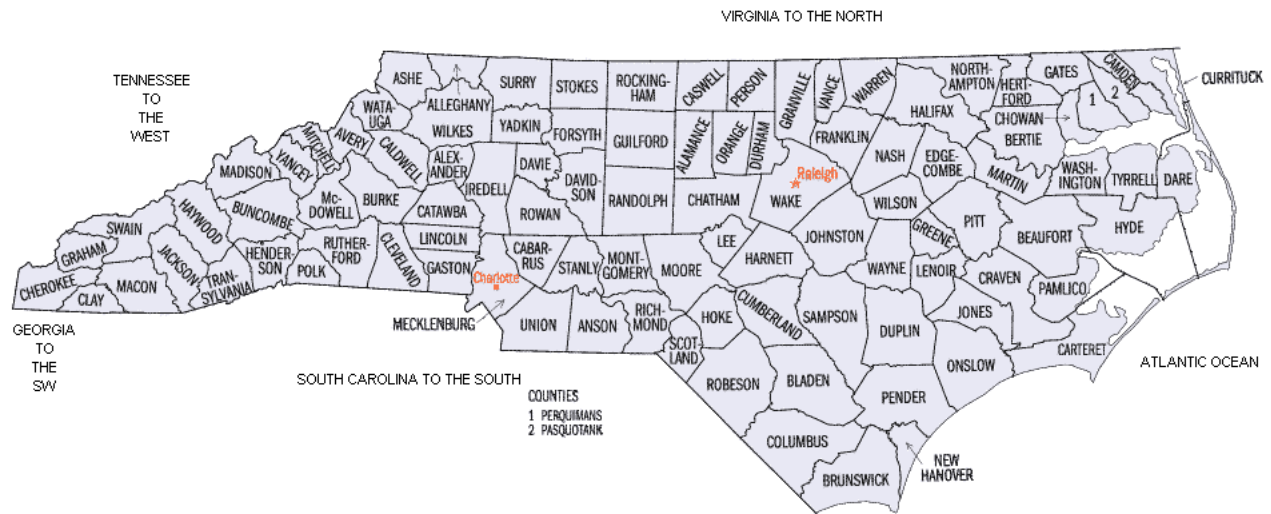
3. ¿Dónde vive actualmente?

Código postal

4. ¿En qué condado vive?

- | | | |
|-------------------------------------|-----------------------------------|-------------------------------------|
| <input type="checkbox"/> Beaufort | <input type="checkbox"/> Franklin | <input type="checkbox"/> Onslow |
| <input type="checkbox"/> Bertie | <input type="checkbox"/> Gates | <input type="checkbox"/> Pamlico |
| <input type="checkbox"/> Bladen | <input type="checkbox"/> Greene | <input type="checkbox"/> Pasquotank |
| <input type="checkbox"/> Camden | <input type="checkbox"/> Halifax | <input type="checkbox"/> Pender |
| <input type="checkbox"/> Carteret | <input type="checkbox"/> Hertford | <input type="checkbox"/> Perquimans |
| <input type="checkbox"/> Chowan | <input type="checkbox"/> Hoke | <input type="checkbox"/> Pitt |
| <input type="checkbox"/> Cumberland | <input type="checkbox"/> Hyde | <input type="checkbox"/> Sampson |
| <input type="checkbox"/> Currituck | <input type="checkbox"/> Johnston | <input type="checkbox"/> Tyrrell |
| <input type="checkbox"/> Dare | <input type="checkbox"/> Lenoir | <input type="checkbox"/> Washington |
| <input type="checkbox"/> Duplin | <input type="checkbox"/> Martin | <input type="checkbox"/> Wayne |
| <input type="checkbox"/> Edgecombe | <input type="checkbox"/> Nash | <input type="checkbox"/> Wilson |

Mapa del condado de Carolina del Norte



3. Piense en el condado en el que vive. Por favor díganos si está "totalmente en desacuerdo", "en desacuerdo", "neutral", "de acuerdo" o "muy de acuerdo" con cada una de las siguientes 9 declaraciones.

Declaración	Muy en desacuerdo	En desacuerdo	Neutral	De acuerdo	Muy de acuerdo
Hay una buena atención médica en mi condado.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Este condado es un buen lugar para criar niños.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Este condado es un buen lugar para envejecer.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hay buenas oportunidades económicas en este condado.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Este condado es un lugar seguro para vivir.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hay mucha ayuda para las personas durante los momentos de necesidad en	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hay viviendas accesibles que satisfacen mis necesidades en este	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hay buenos parques e instalaciones de recreación en este condado.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Es fácil adquirir comidas saludables en este condado.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

PARTE 2: Mejora de la comunidad

La siguiente serie de preguntas le preguntará sobre problemas y servicios de la comunidad que son importantes para usted. Recuerde que sus respuestas son privadas y no serán relacionadas con usted en ninguna manera.

4. Mire esta lista de problemas de la comunidad. En su opinión, ¿qué problema afecta más la calidad de vida en este condado? (Elija solo una respuesta)

- | | | |
|--|--|---|
| <input type="checkbox"/> Contaminación
(aire, agua, tierra) | <input type="checkbox"/> Discriminación /
racismo | <input type="checkbox"/> Violencia
doméstica |
| <input type="checkbox"/> Abandono de la
escuela | <input type="checkbox"/> Falta de apoyo de
la comunidad | <input type="checkbox"/> Delito violento
(asesinato, asalto) |
| <input type="checkbox"/> Bajos ingresos /
pobreza | <input type="checkbox"/> Drogas (Abuso de
sustancias) | <input type="checkbox"/> Robo |
| <input type="checkbox"/> Falta de hogar | <input type="checkbox"/> Descuido y abuso | <input type="checkbox"/> Violación /
agresión sexual |
| <input type="checkbox"/> Falta de un seguro
de salud adecuado | <input type="checkbox"/> Maltrato a personas
mayores | |
| <input type="checkbox"/> Desesperación | <input type="checkbox"/> Abuso infantil | |
| <input type="checkbox"/> Otros (especificar) | | |

5. En su opinión, ¿cuál de los siguientes servicios necesita la mayor mejoría en su vecindario o comunidad? (Por favor elija solo uno)

- | | | |
|--|---|---|
| <input type="checkbox"/> Control Animal | <input type="checkbox"/> Número de | <input type="checkbox"/> Actividades |
| <input type="checkbox"/> Opciones de | proveedores de atención | positivas para adolescentes |
| cuidado infantil | médica | <input type="checkbox"/> Opciones de |
| <input type="checkbox"/> Opciones de | <input type="checkbox"/> Servicios de salud | transporte |
| cuidado para ancianos | apropiados de acuerdo a su | <input type="checkbox"/> Disponibilidad de |
| <input type="checkbox"/> Servicios para | cultura | empleo |
| personas con discapacidad | <input type="checkbox"/> Consejería / salud | <input type="checkbox"/> Empleos mejor |
| <input type="checkbox"/> Servicios de salud | mental / grupos de apoyo | pagados |
| más accesibles | <input type="checkbox"/> Mejores y más | <input type="checkbox"/> Mantenimiento de |
| <input type="checkbox"/> Mejores y más | instalaciones recreativas | carreteras |
| opciones de alimentos | (parques, senderos, centros | <input type="checkbox"/> Carreteras seguras |
| saludables | comunitarios) | <input type="checkbox"/> Ninguna |
| <input type="checkbox"/> Más accesibilidad / | <input type="checkbox"/> Actividades | |
| mejores vivienda | familiares saludables | |
| <input type="checkbox"/> Otros (especificar) | | |

PARTE 3: Información de salud

Ahora nos gustaría saber un poco más sobre dónde usted obtiene información de salud.

6. En su opinión, ¿sobre qué área de salud necesitan más información las personas de su comunidad? (Por favor sugiera solo uno)

- | | | |
|--|--|---|
| <input type="checkbox"/> Comer bien /
nutrición | <input type="checkbox"/> Usar asientos de
seguridad para niños | <input type="checkbox"/> de transmisión sexual
(sexo seguro) |
| <input type="checkbox"/> Ejercicio | <input type="checkbox"/> Usar cinturones de
seguridad | <input type="checkbox"/> Prevención del
abuso de sustancias (por
ejemplo, drogas y alcohol) |
| <input type="checkbox"/> Manejo del peso | <input type="checkbox"/> Conducir
cuidadosamente | <input type="checkbox"/> Prevención del
suicidio |
| <input type="checkbox"/> Ir a un dentista para
chequeos / cuidado
preventivo | <input type="checkbox"/> Dejar de fumar /
prevención del uso de
tabaco | <input type="checkbox"/> Manejo del estrés |
| <input type="checkbox"/> Ir al médico para
chequeos y exámenes
anuales | <input type="checkbox"/> Cuidado de niños /
crianza | <input type="checkbox"/> Control de la
ira/enojo |
| <input type="checkbox"/> Obtener cuidado
prenatal durante el
embarazo | <input type="checkbox"/> Cuidado de
ancianos | <input type="checkbox"/> Prevención de
violencia doméstica |
| <input type="checkbox"/> Recibir vacunas
contra la gripe y otras
vacunas | <input type="checkbox"/> Cuidado de
miembros de familia con
necesidades especiales o
discapacidades | <input type="checkbox"/> Prevención del
crimen |
| <input type="checkbox"/> Prepararse para una
emergencia / desastre | <input type="checkbox"/> Prevención del
embarazo y enfermedades | <input type="checkbox"/> Violación /
prevención de abuso
sexual |
| <input type="checkbox"/> Otros (especificar) | | <input type="checkbox"/> Ninguna |

--

7. De dónde saca la mayor parte de su información relacionada con la salud? (Por favor elija solo una respuesta)

- | | | |
|--|---|---|
| <input type="checkbox"/> Amigos y familia | <input type="checkbox"/> La escuela de mi | <input type="checkbox"/> Empleador |
| <input type="checkbox"/> Doctor / enfermera | <input type="checkbox"/> hijo | <input type="checkbox"/> Líneas telefónicas |
| <input type="checkbox"/> Farmacéutico | <input type="checkbox"/> Hospital | <input type="checkbox"/> de ayuda |
| <input type="checkbox"/> Iglesia | <input type="checkbox"/> Departamento de | <input type="checkbox"/> Libros / revistas |
| <input type="checkbox"/> Internet | <input type="checkbox"/> salud | |
| <input type="checkbox"/> Otros (especificar) | | |

8. ¿De qué temas o enfermedades de salud le gustaría aprender más?

9. ¿Cuida de un pariente anciano en su casa o en otra casa? (Elija solo una).

- ☐ Sí
- ☐ No

10. ¿Tiene hijos entre las edades de 9 y 19 de los cuales usted es el guardián? (Incluye hijastros, nietos u otros parientes). (Elija solo una).

- ☐ Sí
- ☐ No *(Si su respuesta es No, salte a la pregunta numero 12)*

11. ¿Cuáles de los siguientes temas de salud cree que sus hijos necesitan más información?
(*Seleccione todas las opciones que corresponden*).

- | | | |
|--|--|---|
| <input type="checkbox"/> Higiene dental | <input type="checkbox"/> Manejo de la | <input type="checkbox"/> Abuso de drogas |
| <input type="checkbox"/> Nutrición | diabetes | <input type="checkbox"/> Manejo imprudente |
| <input type="checkbox"/> Trastornos de la | <input type="checkbox"/> Tabaco | / exceso de velocidad |
| alimentación | <input type="checkbox"/> ETS (enfermedades | <input type="checkbox"/> Problemas de salud |
| <input type="checkbox"/> Ejercicios | de transmisión sexual) | mental |
| <input type="checkbox"/> Manejo del asma | <input type="checkbox"/> Relación sexual | <input type="checkbox"/> Prevención del |
| | <input type="checkbox"/> Alcohol | suicidio |
| <input type="checkbox"/> Otros (especificar) | | |

PARTE 4: Salud personal

Las siguientes preguntas son sobre su salud personal. Recuerde, las respuestas que brinde para esta encuesta no serán ligadas con usted de ninguna manera.

12. En general, diría que su salud es... (Elija solo una).

- ☐ Excelente
- ☐ Muy buena
- ☐ Buena
- ☐ Justa
- ☐ Pobre
- ☐ No sé / no estoy seguro

13. ¿Alguna vez un médico, enfermera u otro profesional de la salud le dijo que tiene alguna de las siguientes condiciones de salud?

	Sí	No	No lo sé
Asma	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Depresión o ansiedad	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Alta presión sanguínea	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Colesterol alto	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Diabetes (no durante el embarazo)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Osteoporosis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sobrepeso / obesidad	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Angina / enfermedad cardíaca	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cáncer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

14. ¿Cuál de los siguientes servicios preventivos ha tenido usted en los últimos 12 meses?
(Seleccione todas las opciones que corresponden).

- | | | |
|---|---|---|
| <input type="checkbox"/> Mamografía | <input type="checkbox"/> Prueba de densidad | <input type="checkbox"/> Examen de la vista |
| <input type="checkbox"/> Examen de cáncer de próstata | <input type="checkbox"/> de los huesos | <input type="checkbox"/> Evaluación cardiovascular (el corazón) |
| <input type="checkbox"/> Examen de colon / recto | <input type="checkbox"/> Examen físico | <input type="checkbox"/> Limpieza dental / radiografías |
| <input type="checkbox"/> Prueba de Papanicolaou | <input type="checkbox"/> Vacuna contra la gripe | <input type="checkbox"/> Ninguna de las anteriores |
| <input type="checkbox"/> Control de azúcar en la sangre | <input type="checkbox"/> Control de la presión arterial | |
| <input type="checkbox"/> Examen de Colesterol | <input type="checkbox"/> Pruebas de cáncer de piel | |

15. ¿Cuánto tiempo hace desde la última vez que visitó a un dentista o clínica dental por algún motivo? Incluya visitas a especialistas dentales, como ortodoncista. (Elija solo una).

- ☐ En el último año (en los últimos 12 meses)
- ☐ Hace 2 (más de un año pero menos de dos años)
- ☐ Hace más de 5 años (más de 2 años pero menos de 5 años)
- ☐ No sé / no estoy seguro
- ☐ Nunca

16. En los últimos 30 días, ¿ha habido algún día que se ha sentido triste o preocupado y le haya impedido realizar sus actividades normales? (Elija solo una).

- ☐ Sí
- ☐ No
- ☐ No sé / no estoy seguro

17. La siguiente pregunta es sobre el alcohol. Un trago es equivalente a una cerveza de 12 onzas, una copa de vino de 5 onzas o una bebida con un trago de licor.

Considerando todos los tipos de bebidas alcohólicas, ¿cuántas veces durante los últimos 30 días tomó 5 o más bebidas (si es hombre) o 4 o más bebidas (si es mujer) en una ocasión?

- | | | | | | | | |
|----------------------------|----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input type="checkbox"/> 0 | <input type="checkbox"/> 4 | <input type="checkbox"/> 8 | <input type="checkbox"/> 12 | <input type="checkbox"/> 16 | <input type="checkbox"/> 20 | <input type="checkbox"/> 24 | <input type="checkbox"/> 28 |
| <input type="checkbox"/> 1 | <input type="checkbox"/> 5 | <input type="checkbox"/> 9 | <input type="checkbox"/> 13 | <input type="checkbox"/> 17 | <input type="checkbox"/> 21 | <input type="checkbox"/> 25 | <input type="checkbox"/> 29 |
| <input type="checkbox"/> 2 | <input type="checkbox"/> 6 | <input type="checkbox"/> 10 | <input type="checkbox"/> 14 | <input type="checkbox"/> 18 | <input type="checkbox"/> 22 | <input type="checkbox"/> 26 | <input type="checkbox"/> 30 |
| <input type="checkbox"/> 3 | <input type="checkbox"/> 7 | <input type="checkbox"/> 11 | <input type="checkbox"/> 15 | <input type="checkbox"/> 19 | <input type="checkbox"/> 23 | <input type="checkbox"/> 27 | |
- ☐ No sé / no estoy seguro

18. Ahora le vamos a hacer una pregunta sobre el uso de drogas. Las respuestas que nos dan las personas sobre su uso de drogas son importantes para comprender los problemas de salud en el condado. Sabemos que esta información es personal, pero recuerde que sus respuestas se mantendrán confidenciales.

¿Has usado alguna droga ilegal en los últimos 30 días? Cuando decimos drogas, incluimos marihuana, cocaína, crack, heroína o cualquier otra sustancia ilegal. ¿Aproximadamente cuántos días has usado una de estas drogas ilegales? (*Elija solo una*).

- | | | | | | | | |
|----------------------------|----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input type="checkbox"/> 0 | <input type="checkbox"/> 4 | <input type="checkbox"/> 8 | <input type="checkbox"/> 12 | <input type="checkbox"/> 16 | <input type="checkbox"/> 20 | <input type="checkbox"/> 24 | <input type="checkbox"/> 28 |
| <input type="checkbox"/> 1 | <input type="checkbox"/> 5 | <input type="checkbox"/> 9 | <input type="checkbox"/> 13 | <input type="checkbox"/> 17 | <input type="checkbox"/> 21 | <input type="checkbox"/> 25 | <input type="checkbox"/> 29 |
| <input type="checkbox"/> 2 | <input type="checkbox"/> 6 | <input type="checkbox"/> 10 | <input type="checkbox"/> 14 | <input type="checkbox"/> 18 | <input type="checkbox"/> 22 | <input type="checkbox"/> 26 | <input type="checkbox"/> 30 |
| <input type="checkbox"/> 3 | <input type="checkbox"/> 7 | <input type="checkbox"/> 11 | <input type="checkbox"/> 15 | <input type="checkbox"/> 19 | <input type="checkbox"/> 23 | <input type="checkbox"/> 27 | |
- ☐ No sé / no estoy seguro

(Si su respuesta es 0, salte a la pregunta numero 20)

19. Durante los últimos 30 días, ¿qué droga ilegal ha usado? (*Marque todas las que corresponden*).

- ☐ Marihuana
- ☐ Cocaína
- ☐ Heroína
- ☐ Otros (especificar)

--

20. Durante los últimos 30 días, ¿ha tomado algún medicamento recetado para el que no tenía una receta (por ejemplo, Oxycontin, Percocet, Demerol, Adderall, Ritalin o Xanax)? ¿Cuántas veces durante los últimos 30 días usó un medicamento recetado para el cual no tenía una receta? (Elija solo una).

- | | | | | | | | |
|----------------------------|----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input type="checkbox"/> 0 | <input type="checkbox"/> 4 | <input type="checkbox"/> 8 | <input type="checkbox"/> 12 | <input type="checkbox"/> 16 | <input type="checkbox"/> 20 | <input type="checkbox"/> 24 | <input type="checkbox"/> 28 |
| <input type="checkbox"/> 1 | <input type="checkbox"/> 5 | <input type="checkbox"/> 9 | <input type="checkbox"/> 13 | <input type="checkbox"/> 17 | <input type="checkbox"/> 21 | <input type="checkbox"/> 25 | <input type="checkbox"/> 29 |
| <input type="checkbox"/> 2 | <input type="checkbox"/> 6 | <input type="checkbox"/> 10 | <input type="checkbox"/> 14 | <input type="checkbox"/> 18 | <input type="checkbox"/> 22 | <input type="checkbox"/> 26 | <input type="checkbox"/> 30 |
| <input type="checkbox"/> 3 | <input type="checkbox"/> 7 | <input type="checkbox"/> 11 | <input type="checkbox"/> 15 | <input type="checkbox"/> 19 | <input type="checkbox"/> 23 | <input type="checkbox"/> 27 | |
- ☐ No sé / no estoy seguro

21. La siguiente pregunta se relaciona con la salud de una persona que ha servido en las fuerzas Armadas. ¿Alguna vez ha estado en servicio activo en las Fuerzas Armadas de los Estados Unidos (Sin incluir el servicio activo de solo entrenamientos en las Reservas o la Guardia Nacional)? (Elija solo una).

- ☐ Sí
- ☐ No *(Si su respuesta es No, salte a la pregunta numero 23)*

22. ¿Alguna vez un médico u otro profesional de la salud le ha dicho que tiene depresión, ansiedad o trastorno por estrés postraumático (TEPT)? (Elija solo una).

- ☐ Sí
- ☐ No

23. Ahora nos gustaría saber sobre su estado físico. Durante una semana normal, aparte de su trabajo habitual, ¿realiza alguna actividad física o ejercicio que dure al menos media hora? (Elija solo una).

- ☐ Sí
- ☐ No *(Si su respuesta es No, salte a la pregunta numero 26)*
- ☐ No sé / no estoy seguro *(Si su respuesta es No se / no estoy seguro, salte a la pregunta numero 26)*

24. Como dijo que sí, ¿cuántas veces hace ejercicio o se involucra en alguna actividad física durante una semana normal?

25. ¿A dónde va a hacer ejercicio o participa en actividad físicas? (Marque todas las que corresponden).

- | | |
|---|---|
| <input type="checkbox"/> YMCA | <input type="checkbox"/> Sitio de trabajo / Empleador |
| <input type="checkbox"/> Parque | <input type="checkbox"/> Terrenos escolares / instalaciones |
| <input type="checkbox"/> Centro de Recreación Pública | <input type="checkbox"/> Casa |
| <input type="checkbox"/> Gimnasio privado | <input type="checkbox"/> Iglesia |
| <input type="checkbox"/> Otros (especificar) | |

Como su respuesta fue Si a la pregunta 23 (actividad física / ejercicio), salte a la pregunta numero 27

26. Ya que dijo "no", ¿cuáles son las razones por las que no hace ejercicio por media hora durante una semana normal? Puedes dar tantos de estos motivos como necesite.

- | | |
|--|--|
| <input type="checkbox"/> Mi trabajo es trabajo físico o trabajo duro | <input type="checkbox"/> No sé cómo encontrar compañeros de ejercicio. |
| <input type="checkbox"/> El ejercicio no es importante para mí. | <input type="checkbox"/> No me gusta hacer ejercicio |
| <input type="checkbox"/> No tengo acceso a una instalación que tenga las cosas que necesito, como una piscina, un campo de golf o una pista. | <input type="checkbox"/> Me cuesta mucho hacer ejercicio. |
| <input type="checkbox"/> No tengo suficiente tiempo para hacer ejercicio. | <input type="checkbox"/> No hay un lugar seguro para hacer ejercicio. |
| <input type="checkbox"/> Necesitaría cuidado de niños y no lo tengo. | <input type="checkbox"/> Necesito transporte y no lo tengo. |
| <input type="checkbox"/> Otros (especificar) | <input type="checkbox"/> Estoy demasiado cansado para hacer ejercicio. |
| | <input type="checkbox"/> Estoy físicamente deshabilitado. |
| | <input type="checkbox"/> No lo sé. |

27. Sin contar ensalada de lechuga o productos de papa como papas fritas, piense en la frecuencia con la que come frutas y verduras en una semana normal.

¿Cuántas tazas por semana de frutas y vegetales dirías que comes? (*Una manzana o 12 zanahorias pequeñas equivalen a una taza*).

Cantidad de tazas de fruta

Número de tazas de verduras

Cantidad de tazas de jugo de fruta 100%

28. ¿Alguna vez estuvo expuesto al humo del cigarro de alguien que fumó cerca de usted durante el último año? (*Elija solo una*).

☐

Sí

☐

No (*Si su respuesta es No, salte a la pregunta numero 30*)

☐

No sé / no estoy seguro (*Si su respuesta es No se / no estoy seguro, salte a la pregunta numero 30*)

29. En caso afirmativo, ¿dónde cree que está expuesto al humo de segunda mano con mayor frecuencia? (*Marque solo uno*)

☐

Casa

☐

Lugar de trabajo

☐

Hospitales

☐

Restaurantes

☐

Colegio

☐

No estoy expuesto al humo de segunda mano.

☐

Otros (especificar)

30. ¿Actualmente usa algún producto que contiene tabaco? (Esto incluye cigarros, cigarros electrónicos, masticar tabaco o cigarro de vapor.) (Elija solo una).

- ☐ Sí
- ☐ No *(Si su respuesta es No, salte a la pregunta numero 32)*

31. En caso afirmativo, ¿a dónde iría en busca de ayuda si quisiera dejar de fumar? (Elija solo una).

- | | |
|---|---|
| <input type="checkbox"/> QUITLINE NC (ayuda por teléfono) | <input type="checkbox"/> Departamento de salud |
| <input type="checkbox"/> Doctor | <input type="checkbox"/> No lo sé |
| <input type="checkbox"/> Farmacia | <input type="checkbox"/> No aplica; No quiero renunciar |
| <input type="checkbox"/> Consejero / terapeuta privado | |
| <input type="checkbox"/> Otros (especificar) | |

32. Ahora le haremos preguntas sobre sus vacunas personales contra la gripe. Una vacuna contra la influenza / gripe puede ser una "inyección contra la gripe" inyectada en su brazo o también el spray "FluMist" que se rocía en su nariz. Durante los últimos 12 meses, ¿se vacunó contra la gripe o se puso el spray "FluMist"? (Elija solo una).

- ☐ Sí, vacuna contra la gripe
- ☐ Sí, FluMist
- ☐ Si ambos
- ☐ No
- ☐ No sé / no estoy seguro

PARTE 5: Acceso a la atención / Salud familiar

33. ¿A dónde va más a menudo cuando está enfermo? (Elija solo uno)

- | | |
|--|--|
| <input type="checkbox"/> Oficina del doctor | <input type="checkbox"/> Clínica Médica |
| <input type="checkbox"/> Departamento de salud | <input type="checkbox"/> Centro de cuidado urgente |
| <input type="checkbox"/> Hospital | |
| <input type="checkbox"/> Otros (especificar) | |

34. ¿Tiene alguno de los siguientes tipos de seguro de salud o cobertura de atención médica? (Elija todos los que aplique)

- ☐ Seguro de salud que mi empleador proporciona
- ☐ Seguro de salud que proporciona el empleador de mi cónyuge
- ☐ Seguro de salud que mi escuela proporciona
- ☐ Seguro de salud que proporciona mi padre o el empleador de mis padres
- ☐ Seguro de salud que compré
- ☐ Seguro de salud a través del Mercado de Seguros Médicos (Obamacare)
- ☐ Seguro Militar, Tricare o el VA
- ☐ Seguro de enfermedad
- ☐ Seguro médico del estado
- ☐ Sin plan de salud de ningún tipo

35. En los últimos 12 meses, ¿tuvo problemas para obtener la atención médica que necesitaba para usted o para un familiar de cualquier tipo de proveedor de atención médica, dentista, farmacia u otro centro? (Elija solo uno)

- ☐ Sí
- ☐ No *(Si su respuesta es No, salte a la pregunta numero 38)*
- ☐ No sé / no estoy seguro

36. Dado que usted dijo "sí", ¿Con cual tipo de proveedor o institución tuvo problemas para obtener atención médica? Puede elegir tantos de estos como necesite.

- | | | |
|--|---|---|
| <input type="checkbox"/> Dentista | <input type="checkbox"/> Pediatra | <input type="checkbox"/> Centro de atención |
| <input type="checkbox"/> Médico general | <input type="checkbox"/> Ginecologo | <input type="checkbox"/> urgente |
| <input type="checkbox"/> Cuidado de los ojos /
optometrista / oftalmólogo | <input type="checkbox"/> Departamento
de salud | <input type="checkbox"/> Clínica Médica |
| <input type="checkbox"/> Farmacia / recetas
médicas | <input type="checkbox"/> Hospital | <input type="checkbox"/> Especialista |
| <input type="checkbox"/> Otros (especificar) | | |

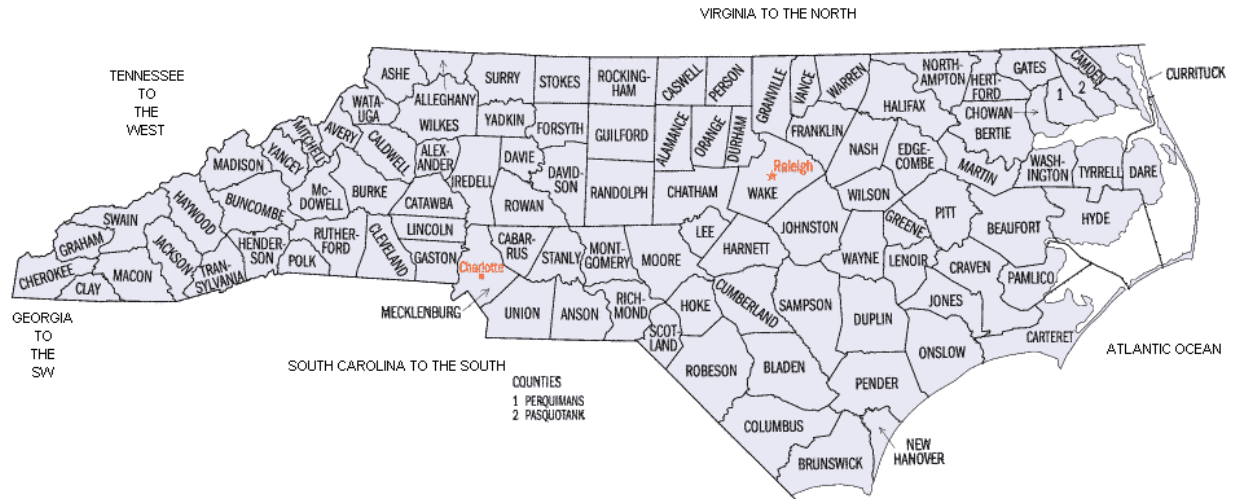
37. ¿Cuáles de estos problemas le impidieron a usted o a su familiar obtener la atención médica necesaria? Puede elegir tantos de estos como necesite.

- ☐ No tiene seguro medico
- ☐ El seguro no cubría lo que necesitaba
- ☐ El costo del deducible del seguro era demasiado alto
- ☐ El doctor no aceptaba el seguro ni el Medicaid.
- ☐ El hospital no aceptaba el seguro.
- ☐ La farmacia no aceptaba el seguro ni el Medicaid.
- ☐ El dentista no aceptaba el seguro ni el Medicaid.
- ☐ No tengo ninguna manera de llegar allí.
- ☐ No sabía a dónde ir.
- ☐ No pude conseguir una cita.
- ☐ La espera fue demasiado larga.
- ☐ El proveedor me negó atención o me trató de manera discriminatoria debido a mi estado de VIH, o porque soy lesbiana, gay, bisexual o transexual.

38. ¿En qué condado se encuentra la mayoría de los proveedores médicos que visita? (*Elija solo uno*)

- | | | | |
|--|------------------------------------|----------------------------------|---------------------------------------|
| <input type="checkbox"/> Beaufort | <input type="checkbox"/> | <input type="checkbox"/> Martin | <input type="checkbox"/> Pitt |
| <input type="checkbox"/> Bertie | Edgecombe | <input type="checkbox"/> Moore | <input type="checkbox"/> Richmond |
| <input type="checkbox"/> Bladen | <input type="checkbox"/> Franklin | <input type="checkbox"/> Nash | <input type="checkbox"/> Robeson |
| <input type="checkbox"/> Brunswick | <input type="checkbox"/> Gates | <input type="checkbox"/> New | <input type="checkbox"/> Sampson |
| <input type="checkbox"/> Camden | <input type="checkbox"/> Granville | Hanover | <input type="checkbox"/> Scotland |
| <input type="checkbox"/> Carteret | <input type="checkbox"/> Greene | <input type="checkbox"/> | <input type="checkbox"/> Tyrrell |
| <input type="checkbox"/> Chowan | <input type="checkbox"/> Halifax | Northampton | <input type="checkbox"/> Vance |
| <input type="checkbox"/> Columbus | <input type="checkbox"/> Harnett | <input type="checkbox"/> Onslow | <input type="checkbox"/> Wake |
| <input type="checkbox"/> Craven | <input type="checkbox"/> Hertford | <input type="checkbox"/> Pamlico | <input type="checkbox"/> Warren |
| <input type="checkbox"/> | <input type="checkbox"/> Hoke | <input type="checkbox"/> | <input type="checkbox"/> Washington |
| Cumberland | <input type="checkbox"/> Hyde | Pasquotank | <input type="checkbox"/> Wayne |
| <input type="checkbox"/> Currituck | <input type="checkbox"/> Johnston | <input type="checkbox"/> Pender | <input type="checkbox"/> Wilson |
| <input type="checkbox"/> Dare | <input type="checkbox"/> Jones | <input type="checkbox"/> | <input type="checkbox"/> El Estado de |
| <input type="checkbox"/> Duplin | <input type="checkbox"/> Lenoir | Perquimans | Virginia |
| <input type="checkbox"/> Otros (especificar) | | | |

Mapa del condado de Carolina del Norte



39. En los últimos 12 meses, ¿alguna vez le preocupó saber si la comida de su familia se agotaría antes de obtener dinero para comprar más? (Elija solo uno)

- ☐ Sí
- ☐ No
- ☐ No sé / no estoy seguro

40. Si un amigo o miembro de la familia necesita asesoría para un problema de salud mental o de abuso de drogas o alcohol, ¿quién es la primera persona con la que les diría que hablen? (Elija solo uno)

- | | |
|--|---|
| <input type="checkbox"/> Consejero o terapeuta privado | <input type="checkbox"/> No sé |
| <input type="checkbox"/> Grupo de apoyo | <input type="checkbox"/> Doctor |
| <input type="checkbox"/> Consejero de la escuela | <input type="checkbox"/> Pastor o funcionario religioso |
| <input type="checkbox"/> Otros (especificar) | |

PARTE 6: Preparación para emergencias

41. ¿Tiene en su hogar detectores de humo y monóxido de carbono en funcionamiento?
(Elija solo uno)

- ☐ Sí, solo detectores de humo
- ☐ Si ambos
- ☐ No sé / no estoy seguro
- ☐ Sí, sólo detectores de monóxido de carbono
- ☐ No

42. ¿Su familia tiene un kit básico de suministros de emergencia? (Estos kits incluyen agua, alimentos no perecederos, cualquier receta necesaria, suministros de primeros auxilios, linterna y baterías, abrelatas no eléctrico, cobijas, etc.)

- ☐ Sí
- ☐ No
- ☐ No sé / no estoy seguro

En caso que sí, ¿cuántos días tiene suministros? (Escriba el número de días)

43. ¿Cuál sería su forma principal de obtener información de las autoridades en un desastre o emergencia a gran escala? (Marque solo uno)

- | | |
|--|---|
| <input type="checkbox"/> Televisión | <input type="checkbox"/> Sitio de red social |
| <input type="checkbox"/> Radio | <input type="checkbox"/> Vecinos |
| <input type="checkbox"/> Internet | <input type="checkbox"/> Familia |
| <input type="checkbox"/> Línea de teléfono en casa | <input type="checkbox"/> Mensaje de texto (sistema de alerta de emergencia) |
| <input type="checkbox"/> Teléfono celular | <input type="checkbox"/> No sé / no estoy seguro |
| <input type="checkbox"/> Medios impresos (periódico) | |
| <input type="checkbox"/> Otros (especificar) | |

44. Si las autoridades públicas anunciaran una evacuación obligatoria de su vecindario o comunidad debido a un desastre a gran escala o una emergencia, ¿Ustedes evacuarían? (Elija solo uno)

- ☐ Sí *(Si su respuesta es Sí, salte a la pregunta numero 46)*
- ☐ No
- ☐ No sé / no estoy seguro

45. ¿Cuál sería la razón principal por la que no evacuaría si le pidieran que lo hiciera?
(Marque solo uno)

- | | |
|---|--|
| <input type="checkbox"/> Falta de transporte | <input type="checkbox"/> Preocupación por la seguridad familiar |
| <input type="checkbox"/> La falta de confianza en los funcionarios públicos | <input type="checkbox"/> Preocupación por dejar mascotas |
| <input type="checkbox"/> Preocupación por dejar atrás la propiedad | <input type="checkbox"/> Preocupación por los atascos de tráfico y la imposibilidad de salir |
| <input type="checkbox"/> Preocupación por la seguridad personal | <input type="checkbox"/> Problemas de salud (no se pudieron mover) |
| <input type="checkbox"/> Otros (especificar) | <input type="checkbox"/> No sé / no estoy seguro |

PARTE 7: Preguntas demográficas

La siguiente serie de preguntas son preguntas generales sobre usted, que solo se informarán como un resumen de todas las respuestas dadas por los participantes de la encuesta. Tus respuestas permanecerán en el anonimato.

46. ¿Qué edad tiene? (Elija solo uno)

- | | | |
|--------------------------------|--------------------------------|-----------------------------------|
| <input type="checkbox"/> 15-19 | <input type="checkbox"/> 40-44 | <input type="checkbox"/> 65-69 |
| <input type="checkbox"/> 20-24 | <input type="checkbox"/> 45-49 | <input type="checkbox"/> 70-74 |
| <input type="checkbox"/> 25-29 | <input type="checkbox"/> 50-54 | <input type="checkbox"/> 75-79 |
| <input type="checkbox"/> 30-34 | <input type="checkbox"/> 55-59 | <input type="checkbox"/> 80-84 |
| <input type="checkbox"/> 35-39 | <input type="checkbox"/> 60-64 | <input type="checkbox"/> 85 o más |

47. ¿Cuál es tu género? (Elija solo uno)

- ☐ Masculino
- ☐ Femenino
- ☐ Transgénero
- ☐ Género no conforme
- ☐ Otro

48. ¿Eres de origen hispano, latino o español? (Elija solo uno)

- ☐ No soy de origen hispano, latino o español
- ☐ Mexicano, mexicoamericano o chicano
- ☐ Puertorriqueño
- ☐ Cubano o cubano americano
- ☐ Otro - hispano o latino (por favor especifique)

49. ¿Cuál es su raza? (*Elija solo uno*)

- ☐ Blanco
- ☐ Negro o Afroamericano
- ☐ Indio Americano o nativo de Alaska
- ☐ Indio Asiático
- ☐ Otros- Asiáticos, incluidos Japonés, Chino, Coreano, Vietnamita y Filipino
- ☐ Otros isleños del Pacífico, incluidos los nativos de Hawaii, Samoa, Guamanian / Chamorro
- ☐ Otra raza no incluida aquí (especifique)

50. ¿El inglés es el idioma principal que se habla en su hogar? (*Elija solo uno*)

- ☐ Sí
- ☐ No. En caso negativo, especifique el idioma principal que se habla en su hogar.

51. ¿Cuál es tu estado civil? (*Elija solo uno*)

- ☐ Nunca casado / soltero
- ☐ Casado
- ☐ Pareja- soltera
- ☐ Divorciado
- ☐ Viudo
- ☐ Separado
- ☐ Otros (especificar)

52. Seleccione el nivel más alto de educación que ha alcanzado. (Elija solo uno)

- ☐ Menos de 9no grado
- ☐ 9-12 grado, sin diploma
- ☐ Graduado de secundaria (o GED / equivalente)
- ☐ Grado Asociado o Formación Profesional
- ☐ Un poco de universidad (sin título)
- ☐ Licenciatura
- ☐ Licenciado o título profesional
- ☐ Otros (especificar)

53. ¿Cuál fue el ingreso total de su hogar el año pasado, antes de impuestos? (Elija solo uno)

- | | |
|--|--|
| <input type="checkbox"/> Menos de \$10,000 | <input type="checkbox"/> \$35,000 a \$49,999 |
| <input type="checkbox"/> \$10,000 a \$14,999 | <input type="checkbox"/> \$50,000 a \$74,999 |
| <input type="checkbox"/> \$15,000 a \$24,999 | <input type="checkbox"/> \$75,000 a \$99,999 |
| <input type="checkbox"/> \$25,000 a \$34,999 | <input type="checkbox"/> \$100,000 o más |

54. Ingrese el número de personas en su hogar (incluyéndose a usted)

55. ¿Cuál es su estado laboral? (Seleccione todas las opciones que corresponden).

- | | | |
|--|---|---|
| <input type="checkbox"/> Empleado de tiempo completo | <input type="checkbox"/> Estudiante | <input type="checkbox"/> Desempleado por más de 1 año |
| <input type="checkbox"/> Empleado a tiempo parcial | <input type="checkbox"/> Ama de casa | |
| <input type="checkbox"/> Retirado | <input type="checkbox"/> Trabajadores por cuenta propia | |
| <input type="checkbox"/> Fuerzas Armadas | <input type="checkbox"/> Desempleado 1 año o menos | |
| <input type="checkbox"/> Discapacitado | | |

56. ¿Tiene acceso al internet es su casa (Esto incluye alta velocidad, wifi, acceso telefónico o datos móviles)? (Elija solo uno)

- ☐ Sí
- ☐ No
- ☐ No sé / no estoy seguro

57. (Opcional) ¿Hay algo más que le gustaría que sepamos sobre su comunidad? Por favor, siéntase libre de decirnos a continuación.

[Gracias por su tiempo y participación!](#)

Si tiene preguntas sobre esta encuesta, envíenos un correo electrónico a
will.broughton@foundationhli.org.

Focus Group Questions

Participants' Resident County(ies):

Focus Group Name / Number:

Date Conducted:

Location:

Start Time:

End Time:

Number of Participants:

Population Type (if applicable):

Moderator Name:

Moderator Email:

Note Taker Name:

Note Taker Email:

Core Questions

1. Introduce yourself and tell us what you think is the best thing about living in this community.

2. What do people in this community do to stay healthy?

Prompt: What do you do to stay healthy?

**3. In your opinion, what are the serious health related problems in your community?
What are some of the causes of these problems?**

4. What keeps people in your community from being healthy?

Prompt: What challenges do you face that keep you from being healthy? What barriers exist to being healthy?

5. What could be done to solve these problems?

Prompt: What could be done to make your community healthier? Additional services or changes to existing services

6. Is there any group not receiving enough health care? If so, what group? And why?

7. Is there anything else you would like us to know?

Additional Questions

1. How do people in this community get information about health? How do you get information about health?

2. Have you or someone close to you ever experienced any challenges in trying to get healthcare services? If so, what happened?

3. What is the major environmental issue in the county?

4. Describe collaborative efforts in the community. How can we improve our level of collaboration?

5. What are the strengths related to health in your community?

Prompt: Specific strengths related to healthcare?

Prompt: Specific strengths to a healthy lifestyle?

6. If you had \$100,000 to spend on a healthcare project in the county, how would you spend it?

Key Themes

Summarize the top 2-3 themes from this focus group discussion.

1.

2.

3.

Appendix D: Community Resources

Martin County

Community Services and Organizations

Law Enforcement – There are two municipalities in Martin County that have their own police departments: Williamston and Robersonville. The rest of the county is covered by the Martin County Sheriff's Office, headquartered in Williamston.

Martin County Sheriff's Office

Martin County Government Center
305 East Main Street
PO Box 308
Williamston, NC 27892
252-789-4500
Sheriff Tim Manning

Williamston Police Department

106 East Main Street
Williamston, NC 27892
252-792-2124

Robersonville Police Department

119 S Main Street
Robersonville, NC 27871
252-795-4121

The Martin County, NC Fire Department directory includes four fire departments and fire stations.

Source: Fire Department Directory, North Carolina, Martin County;

<http://www.firedepartment.net/directory/north-carolina/martin-county>

Williamston Fire/Rescue/EMS

901 Washington Street/PO Box 602
Williamston, NC 27892
252-792-3521 – Office
252-792-4554 - Office

Robersonville Fire Department

119 S Main Street/PO Box 784
Robersonville, NC 27871
252-795-4141

Oak City Volunteer Fire Department

100 Commerce Street/PO Box 190
Oak City, NC 27857
252-798-3101

Griffins Township Volunteer Fire Department

5217 Fire Department Road
1010 Bobby Roberson Road – Mailing Address
Williamston, NC 27892
252-792-8937

Martin County Emergency Management Services

205 E. Main Street/PO Box 668
Williamston, NC 27892
252-789-4530

EM Director – Jodie Griffin
Office Hours: Monday – Friday, 8:00 am – 5:00 pm

Martin County Memorial Library

200 N Smithwick Street
Williamston, NC 27892
252-792-7476
Website: <http://bhmlib.org/tag/martin-memorial-library/>

Adult & Aging Services Department (Martin County Senior Center) mission is to respond to older adults' needs and interest by providing resources and programs that enhance independence, personal growth, health and self-esteem. The center serves all Martin County seniors citizens, age 60 and older.

Martin County Senior Center

201 Lee Street
Williamston, NC 27892
252-792-1027

Hours: 8:00 am – 5:00 pm
Exceptions: Holidays & Inclement Weather

***Satellite Senior Centers:**

Jamesville Senior Center/Nutrition Site

1601 Roanoke Court
Jamesville, NC 27846
252-792-1215

Hours: Monday – Thursday, 10:00 am – 1:00 pm

Oak City Senior Center/Nutrition Site

415 S W Commerce Street
Oak City, 27857
252-798-9761
Hours: Monday – Thursday, 10:00 am – 2:00 pm

Robersonville Senior Center/Nutrition Site

203 Green Street

Robersonville, NC 27871

252-795-4580

Hours: Monday – Thursday, 9:00 am – 1:00 pm

Martin County Department of Social Services

305 E Main Street

Williamston, NC 27892

Office: 252-789-4400

Fax: 252-789-4409

Hours: Monday – Friday, 8:00 am – 5:00 pm

NC Cooperative Extension – Martin County

104 Kehukee Park

Williamston, NC 27892

252-789-4169

<https://martin.ces.ncsu.edu/>

Other Community Services and Organizations

It is a nearly impossible task to create a print catalogue or listing of community resources that is current beyond its print date. Therefore, this document provides instead links to on-line or telephone resources that provide information on community organizations and services available to Martin County residents. These community resource directories and guides have been included because they are sponsored and/or maintained by entities likely to remain in existence, and meanwhile they cover a range of community resources.

Martin County Community Resource Directories and Guides

Martin County Chamber of Commerce Lists of schools and civic organizations in Martin Co.

<http://www.martincountync.com/>

Martin County Schools

300 N Watts Street

Williamston, NC 27892

Office: 252-792-1575

Fax: 252-792-1965

Website: <http://www.martincountync.com>

EJ Hayes

302 Andrews Street

Williamston, NC 27892

Office: 252-792-3678

Jamesville Elementary

1220 Hardison Street
Jamesville, NC 27846
Office: 792-8304
Fax: 809-4813

Rogers Elementary

2277 Rogers School Road
Williamston, NC 27892
Office: 792-3834
Fax: 252-809-4900

Williamston Primary School

400 West Blvd.
Williamston, NC 27892
Office: 252-792-3253
Fax: 252-792-7470

Riverside Middle School

2920 US Highway 17 South
Williamston, NC 27892
Office: 252-792-1111
Fax: 252-792-6644

South Creek Elementary School

21230 NC Highway 903
Robersonville, NC 27871
Office: 252-795-3910
Fax: 252-795-3890

Riverside High School

1260 Godwin Road
Williamston, NC 27892
Office: 252-792-7881
Fax: 252-809-4087

South Creek Middle/High School

21230 NC Highway 903
Robersonville, NC 27871
Office: 252-795-4081
Fax: 252-795-4187

Bear Grass Charter School

6344 E Bear Grass Road
Williamston, NC 27892
Office: 252-789-1010
Fax: 252-789-1014
Website: <https://beargrasscharter.org>

Northeast Regional School of Biotechnology & Agri Science

1215 Saint Andrew Street
Jamesville, NC 27846
Office: 252-792-0241
Fax: 252-792-0245
Website: <https://www.neregionalschool.org>

Higher Education*Martin Community College**

1161 Kehukee Park Road
Williamston, NC 27892
252-792-1521
Website: <https://www.martincc.edu>

Bertie Campus

409 Granville Street
Windsor, NC 27983
252-794-4861
Website: <https://www.martincc.edu/>

East Carolina University

East Fifth Street
Greenville, NC 27858
252-328-6131
Website: <https://www.ecu.edu/>

Elizabeth City State University

1704 Weeksville Road
Elizabeth City, NC 27909
252-335-3400
Website: <http://www.ecsu.edu/>

College of the Albemarle – Edenton-Chowan Campus

800 N. Oakum Street
Edenton, NC 27932
Phone: 252-482-7900
Fax: 252-428-7999
Website: <http://www.albamarle.edu/about-coa/edenton-chowan-campus>

***Civic Organizations and Parks & Recreation**

Martin County Community Action

314 Ray Street
Williamston, NC 27892
252-792-7111

Williamston Lions Club

117 S Smithwick Street
Williamston, NC 27892

Community Service Program

Social Services Organization
305 E Main Street
Williamston, NC 27892
252-799-1520

Faith Community Outreach

Robersonville, NC 27871
252-795-4195

Faith Works Community Services

Williamston, NC 27892
252-799-3100

Martin County Arts Council

124 Washington Street
PO Box 1134
Williamston, NC 27892
252-789-8470

Moratoc Park

102 River Drive
Williamston, NC 27892
252-789-4300

Williamston Recreation Department

300 W Pine Street
Williamston, NC 27892
252-792-7042

Robersonville Recreational Park

North Main Street
Robersonville, NC 27871
252-795-4486

Roanoke County Club

1380 Fairway Drive
Williamston, NC 27892
252-792-3630

***Health Care**

The Martin-Tyrrell-Washington District Public Health agency provides the following healthcare services: immunizations, diabetes care and management, women's preventive health, family planning, BCCCP, maternal health, maternal care coordination, pregnancy care management, adult health, child health, WIC and nutrition counseling, communicable diseases including STDs, Public Health Preparedness and Response, public information, interpreter assistance, home health care, environmental health, and health education.

Martin County Health Department (MTW District Health Department)

210 West Liberty Street
Williamston, NC 27892
252-793-1621

<http://www.mtwdistricthealth.org>

Martin General Hospital offers many services such as cardiac (telemetry, echo, stress testing), cardiopulmonary/respiratory care clinic (holter monitoring, event monitoring, PFT), emergency department 24-hour, industrial medicine program, intensive care unit, imaging (bone densitometry, CT scanner, digital mammography, MRI, nuclear medicine sonography, stereotactic biopsy, teleradiology ultrasound), labor & delivery, nursery, laboratory, rehabilitation (OT,PT, Speech), sleep center, sports medicine program, surgery (inpatient/outpatient), women's care.

Martin General Hospital

310 S McCaskey Road
Williamston, NC 27892
252-809-6500
Hours: Open 24 hours
Emergency Room: Open 24 hours

Roanoke Home Care

106 S Watts Street
Williamston, NC 27892
252-792-7811

Community Home Care & Hospice

200 Green Street, Suite 203
Williamston, NC 27892
252-792-7199

Quality Home Staffing, Inc.

120 W Main Street
Williamston, NC 27892
Office: 252-809-4765
Fax: 252-792-5333

Martin Family Medicine

232 Green Street
Williamston, NC 27892
252-809-6400

Direct Primary Care

112 W. Main Street
Williamston, NC 27892
252-802-4600 – General Inquires
252-231-3272 – Appointments
<https://accessmedicine.md/>

Martin Pediatric Clinic

312 S McCaskey Road
Williamston, NC 27892
252-792-8101

Pediatric Specialist

233 Green Street
Williamston, NC 27892
252-809-6400

Roanoke Women's Healthcare

104 Medical Drive
Williamston, NC 27892
252-809-6341

Roanoke Orthopedics

220 Green Street
Williamston, NC 27892
252-792-0305

Katherine McNeese, MD

108 Trade Street
Williamston, NC 27892
252-789-4001

Wan Soo Chung MD PA

207 S McCaskey Road
Williamston, NC 27892
252-792-1071

Dr. Robert C. Mills, Jr. & Dr. Scott Matthews
Drs. Mills & Matthews Eye Clinic
316 McCaskey Road
Williamston, NC 27892
252-792-2250

Vidant Behavioral Health – Williamston
210 W Liberty Street
Williamston, NC 27892
252-792-5151
Monday – Friday. 8:00 am – 5:00 pm

Vidant Family Medicine – Windsor (Located in Vidant Bertie Hospital)
1403 S King Street
PO Box 509
Windsor, NC 27893
252-794-67

***Dentist Offices**
Zachary Harrison, DDS
1025 Harrisway Drive
Williamston, NC 27892
252-792-7011

Jeffery J. Caldwell, Sr.
1060 Godwin Avenue
Williamston, NC 27892
252-792-1101

Jones Dental Arts
1888 US Hwy 17
Williamston, NC 27892
252-792-1131

***Community & Civic Groups**
Martin County Community Action
314 Ray Street
Williamston, NC 27892
252-792-7111

Community Service Program
Social Services Organization
305 E Main Street
Williamston, NC 27892
252-799-1520

Williamston Lions Club

117 S Smithwick Street
Williamston, NC 27892

United Way

Williamston, NC 27892
252-792-7863

Faith Community Outreach

Robersonville, NC 27871
252-795-4195

Faith Works Community Services

Williamston, NC 27892
252-799-3100

Martin County Arts Council

124 Washington Street
PO Box 1134
Williamston, NC 27892
252-789-8470

Sports & Recreation*Moratoc Park**

102 River Drive
Williamston, NC 27892
252-789-4300

Williamston Recreation Department

300 W Pine Street
Williamston, NC 27892
252-792-7042

Robersonville Recreational Park

N Main Street
Robersonville, NC 27871
252-795-4486

Roanoke Country Club

1380 Fairway Drive
Williamston, NC 27892
252-792-3630

Roanoke River National Wildlife Refuge

114 W Water Street

Windsor, NC 27983

252-794-3808

Email: roanokeriver@fws.gov

Website: http://www.fws.gov/refuge/roanoke_river/

***Farmers Markets and Roadside Stands near Martin County**

<http://healthync.org/>

Martin County Farmers Market

4001 W Main Street

Williamston, NC 27892

252-792-1900

Saturdays, 7:00 am – 1:00 pm, May - October

J&J Farms

1085 Pierce Lane

Jamesville, NC 28846

May - October

Hamilton Farmer's Market

101 N Front Street

Hamilton, NC

alan@town-of-hamilton.com

Parnell Farms

2926 Lee Road

Williamston, NC

252-799-6252

Bear Towne Market

120 E Main Street

Plymouth, NC 27962

252-271-0200

Open June - October

Silas Norman's Roadside Stand

Hwy 64

Plymouth, NC 27962

252-809-9781

Open May – November

Windsor Super Farmer's Market

112 W Water Street
Windsor, NC 27983
Open May – September

Martin County Soil & Water

104 A Kehukee Park Road
Williamston, NC 27892
252-792-4350

Martin County Transit

205 E Main Street
Williamston, NC 27892
252-789-4390

Martin County Animal Control

1421 Landfill Road
Williamston, NC 27892
353-792-6910

Childcare Centers & Homes*A&A Child Care**

3428 Ballard Road
Williamston, NC 27892
252-789-1146

Aunties Place

1325 Wynn Road
Williamston, NC 27892
252-792-5285

Children of Joy

1435 Holly Drive
Williamston, NC 27892
252-789-4677

Community Christian Child Care Center

22184 NC Hwy 125
Williamston, NC 27892
252-792-2929

Cookie's Little Palace

1171 Swinson Road
Williamston, NC 27892
252-217-7575

Doodle Bug Daycare

120 East Pine Street
Williamston, NC 27892
252-792-6466

Down Home Childcare II

800 A West Green Street
Robersonville, NC 27871
252-795-0300

Guiding One's Direction Child Care Center

307 North Elm Street
Williamston, NC 27892
252-508-4675

Guiding One's Direction Child Care Center #2

309 North Elm Street
Williamston, NC 27892
252-508-4675

Happy Kids Academy

622 East Boulevard
Williamston, NC 27892
252-792-3333

Jamesville Elementary Child Care Center

1220 Hardison Drive
Jamesville, NC 27846
252-792-8304

Just Love'n Kids Daycare

1220 Martin Luther King Drive
Williamston, NC 27892-1348
252-792-1348

Little Footprints Learning Center

1151 James Road
Robersonville, NC 27871
252-508-6151

Little Heaven Day Care Home

104 New Street
Williamston, NC 27892
252-792-7874

Memorial Baptist Preschool

109 W Church Street
Williamston, NC 287892
252-792-6079

Morning Star Home Child Care

119 Martin Street
Williamston, NC 27892
252-301-6304

North Everetts Head Start Center

2115 Everetts Road
Everetts, NC 27825
252-789-1184

Oasis Learning Center

1407 Ross Road
Robersonville, NC 27871
252-799-1582

Ruth's Learning Center

1051 Romann Lane
Williamston, NC 27892
252-792-1645

Smiling Faces Child Care Center, Inc.

14493 US Hwy 64
Williamston, NC 27892
252-792-3374

South Creek Pre-K

21230 NC 903
Robersonville, NC 27871
252-795-3910

Williamston Primary After-School

400 West Blvd.
Williamston, NC 27892
252-792-8483

Williamston Primary Pre-School

400 West Blvd.
Williamston, NC 27892
252-792-3253

Tyrrell County

Community Services and Organizations

Law Enforcement – There are no other municipalities in Tyrrell County that have their own police departments. Tyrrell county is covered by the Tyrrell County Sheriff’s Office, headquartered in Columbia.

Tyrrell County Sheriff’s Office

405 Main Street/PO Box 178

Columbia, NC 27925

Office: 252-796-2251

Fax: 252-796-02251

Sheriff Kevin Sawyer

The Tyrrell Volunteer Fire Department is an incorporated, all-volunteer organization that contracts with the town of Columbia for fire protection services. The 60-member department has one main station located in the Town of Columbia with five sub-stations located throughout Tyrrell County

Tyrrell Volunteer Fire Department

618 N Road Street Extension

Columbia, NC 27925

Office: 252-796-2251

Emergencies: 9-1-1

Washington/Tyrrell County Emergency Medical Services (EMS)

Office: 252-793-6360

Cell: 252-217-2366

EMS Director: Jennifer O’Neal

Email: joneal@washconc.org

Tyrrell County Emergency Management

108 Water Street/PO Box 449

Columbia, NC 27925

Office: 252-796-1371

EM Director: Wesley Hopkins

Tyrrell County Animal Control

248 Smith Lane

Columbia, NC 27925

Office: 252-766-0033

Animal Control Officer: Cecil Lilley

Tyrrell County Soil and Water

155 N L.A. Keiser Drive

Columbia, NC 27925

Office: 252-796-3891

Veteran Service Office

801 Main Street
Columbia, NC 27925
Office: 252-355-9052

Tyrrell County Department of Social Services

1022 Road Street
Columbia, NC 27925
Office: 252-796-3421
Director: Brandy Mann

Tyrrell County Senior Center

406 Bridge Street
Columbia, NC 27925
Office: 252-796-0365
Director: DeeDee Bullock

NC Cooperative Extension – Tyrrell County

407 Martha Street
Columbia, NC 27925
Office: 252-796-1581
Website: <http://tyrrell.ces.ncsu.edu>

Columbia Pharmacy

214 Main Street
Columbia, NC 27925
Office: 252-796-2421

Located a few steps from the banks of the Scuppernong River, we are surrounded by water, wildlife and the natural beauty of Pocosin Lakes National Wildlife Refuge, making it an ideal place to leave your daily routine behind and immerse yourself in one of our creative workshops. We offer weekly classes for adults, after school and summer programs for youth, and workshops ranging from 2-day to 5-day sessions in metals, clay, photography, drawing, painting, textiles and more.

Pocosin Arts

201 Main Street/PO Box 690
Columbia, NC 27925
Office: 252-796-2787

Alligator River National Wildlife Refuge

PO Box 1969
Manteo, NC 27952
Office: 252-473-1131

The mission of the Eastern 4-H Center is to provide year-round training and educational programs for: youth, community groups, businesses and corporate sector and university students and faculty.

Eastern 4-H Center

100 N Clover Way
Columbia, NC 27925
Office: 252-797-4800

***Other Community Services and Organizations**

It is a nearly impossible task to create a print catalogue or listing of community resources that is current beyond its print date. Therefore, this document provides links to on-line or telephone resources that provide information on community organizations and services available to Tyrrell County residents. These community resource directories and guides have been included because they are sponsored and/or maintained by entities likely to remain in existence, and subsequently cover a range of community resources.

Tyrrell County Visitors Center

203 S Ludington Drive
Columbia, NC 27925
Office: 252-796-0723
Website: <https://www.visitnc.com/tyrrell-county-visitors-center/>

***Tyrrell County Schools**

Tyrrell County Board of Education

1107 Hwy 64 E/PO Box 328
Columbia, NC 27925
Office: 252-796-1121
Fax: 252-796-1492
Website: <https://www.tyrrell.k12.nc.us/>

Tyrrell Elementary School

486 Elementary School Road
Columbia, NC 27925
Office: 252-796-3881
Fax: 252-796-0544
Website: <https://www.tes.tyrrell.k12.nc.us>

Columbia Middle School

920 Main Street
Columbia, NC 27925
Office: 252-796-0369
Fax: 252-796-3639
Website: <https://cms.tyrrell.k12.nc.us>

Columbia High School

902 Main Street/PO Box 419

Columbia, NC 27925

Office: 252-796-8161

Fax: 252-796-1197

Website: <https://chs.tyrrell.k12.nc.us>

Higher Education*Martin Community College**

1161 Kehukee Park Road

Williamston, NC 27892

Office: 252-792-1521

Website: <https://www.martincc.edu>

Beaufort County Community College

5337 US Hwy 264

Washington, NC 27889

Office: 252-946-6194

Website: <https://www.beaufortccc.edu>

East Carolina University

East Fifth Street

Greenville, NC 27858

Office: 252-328-6131

Website: <https://www.ecu.edu/>

Elizabeth City State University

1704 Weeksville Road

Elizabeth City, NC 27909

Office: 252-335-3400

Website: <http://www.ecsu.edu/>

College of the Albemarle – Edenton-Chowan Campus

800 N. Oakum Street

Edenton, NC 27932

Phone: 252-482-7900

Fax: 252-428-7999

Website: <http://www.albamarle.edu/about-coa/edenton-chowan-campus>

Clubs and Civic Organizations*Rotary Club – Columbia**

Meets at Good Times Tavern & Restaurant

306 Scuppernong Drive

Columbia, NC 27925

252-796-1300

Meets Tuesdays at 6:00 pm

Columbia Lions Club

Meets at Good Times Tavern & Restaurant
306 Scuppernong Drive
Columbia, NC 27925
Meets 2nd & 4th Tuesdays at 6:00 pm

Daycare Centers & Homes*Tyrrell/Washington Partnership for Children**

1258 W Water Street
Plymouth, NC 27962
252-793-5437

Mother's Helper Child Care & Learning Center

285 Elvin Drive
Columbia, NC 27925
252-797-4099

Tyrrell County Head Start & Learning Center

190 LA Kieser Road
Columbia NC 27925
252-796-3711

Tyrrell Elementary Preschool

486 Elementary School Road
Columbia, NC 27925
252-796-3881

***Public Health**

The Martin-Tyrrell-Washington District Health Department (MTW) is a district Public Health agency in rural, northeastern NC serving the three counties of Martin, Tyrrell and Washington. MTW has provided over 50 years of service to the residents living in the district.

The district Public Health agency provides the following healthcare services: immunizations, diabetes care and management, women's preventive health, family planning, BCCCP, maternal health, maternal care coordination, pregnancy care management, adult health, child health, WIC and nutrition counseling, communicable diseases including STDs, dental care, Public Health Preparedness and Response, public information, interpreter assistance, home health care, environmental health, and health education.

Tyrrell County Health Department (MTW District Health Department)

408 Bridge Street
Columbia, NC 27925
Office: 252-793-1751
<http://www.mtwdistricthealth.org>

Roanoke Home Care

408 Bridge Street
Columbia, NC 27925
Office: 252-793-1751
<http://www.mtwdistricthealth.org>

Columbia Medical Center

208 N Broad Street
Columbia, NC 27925
Office: 252-796-0689

Tyrrell House

950 US Hwy 64
Columbia, NC 27925
Open: 24 Hours
Office: 252-394-3145
Affiliated Living
Alzheimers/Memory Care
Short-term Stay

Vidant Behavioral Health

1208 US Hwy 64 E
Columbia, NC 27925
Office: 252-796-0595

Dental Services*Tyrrell County Dental Health Clinic (MTW District Health Department)**

1208 US Hwy 64 E
Columbia, NC 27925
Office: 252-793-1773

Farmers Markets and Roadside Stands - Tyrrell County - <http://healthync.org/>*Scuppernong Produce I**

785 Riverview Lane
Columbia, NC 27925
252-796-7541
Open May - November

Scuppernong Produce II – Roadside Stand

640 US Hwy 64 E
Columbia, NC 27925
252-796-7541
Open June - November

Swain's Produce – Roadside Stand

1479 Hwy 64 E
Columbia, NC 27925
252-796-
Open June - October

Bear Towne Market

120 E Main Street
Plymouth, NC 27962
252-271-0200
Open June – October

Silas Norman's Roadside Stand

Hwy 64 (located in parking lot of Farmer's Furniture)
Plymouth, NC 27962
252-809-9781
Open May – November

Washington County**Community Services and Organizations**

Law Enforcement – There is one municipality in Washington County that has their own police department: Plymouth. The rest of the county is covered by the Washington County Sheriff's Office, headquartered in Plymouth.

Washington County Sheriff's Office

4th Floor of Washington County Courthouse
120 Adams Street/PO Box 969
Plymouth, NC 27962
Office: 252-793-2422
Fax: 252-793-3716
Sheriff Johnny Barnes

Plymouth Police Department

132 East Main Street
Plymouth, NC 27962
Office: 252-793-4680
Police Chief Willie Williams

The Washington County, NC Fire Department directory includes six fire departments and fire stations. Source: Fire Department Directory, North Carolina, Washington County;

<http://www.firedepartment.net/directory/north-carolina/washington-county>

Creswell Volunteer Fire Department

109 West Main Street
Creswell, NC 27928
Office: 252-797-4461

Lake Phelps Volunteer Fire Department

9606 Newland Road
Creswell, NC 27928
Office: 252-797-4259

Plymouth Fire Department

775 US Hwy 64 East
Plymouth, NC 27962
Office: 252-793-9660
Fax: 252-793-5910

Mid-County Volunteer Fire Department

18135 NC Hwy 32 N
Roper, NC 27970
Office: 252-793-2999
Fax: 252-793-5497

Roper Volunteer Fire Department

410 West US Hwy 64 By-Pass
Roper, NC 27979
252-793-2024

Fairfield Volunteer Fire Department

South Hwy 64
Fairfield, NC 27826
252-926-2826

Washington County Emergency Medical Services (EMS)

PO Box 96
Plymouth, NC 27962
Office: 252-217-2266
Transport: 252-217-8333
Fax: 252-793-7744
EMS Director: Jennifer O'Neal
Email: joneal@washconc.org

Washington County Emergency Management

205 East Main Street
Plymouth, NC 27962
Office: 252-793-4114
Fax: 252-793-9788
EM Director: Ann Keyes
Email: akeyes@washconc.org

Washington County Library

201 East Third Street
Plymouth, NC 27962
Office: 252-793-2113
Fax: 252-793-2818
Website: <https://statelibrary.ncdcr.gov/washington-county-library>

Adult & Aging Services Department (Washington County Senior Center) mission is to respond to older adults' needs and interest by providing resources and programs that enhance independence, personal growth, health and self-esteem. The center serves all Washington County seniors citizens, age 60 and older.

Washington County Senior Center

198 NC Hwy 45 N
Plymouth, NC 27962
Office: 252-793-3816
Fax: 252-793-6679
Hours: Monday – Friday, 8:00 am – 7:00 pm
Exceptions: Holidays & Inclement Weather

NC Cooperative Extension – Washington County

128 West Water Street
Plymouth, NC 27962
Office: 252-793-2163
<https://washington.ces.ncsu.edu/>

Washington County Soil & Water

407 NC Hwy 32 N
Roper, NC 27970
Office: 252-792-0108
Fax: 252-793-5303

Washington County Department of Social Services

209 East Main Street
Plymouth, NC 27962
Office: 252-793-4041
Fax: 252-793-3195
Hours of Operation: Monday – Friday, 8:00 am – 5:00 pm

Washington County Riverlight Transit

209 East Main Street/PO Box 10
Plymouth, NC 27962
Office: 252-793-4041

Washington County Animal Control

Washington County Sheriff's Office
PO Box 1007
Plymouth, NC 27962
Office: 252-793-2422
Fax: 252-793-3716
Location: Landfill (off Hwy 32 adjacent to county landfill)
Hours of Operation: Monday – Friday, 8:00 am – 4:30 pm; Saturday, 8:00 am – 1:00 pm

Other Community Services and Organizations

It is a nearly impossible task to create a print catalogue or listing of community resources that is current beyond its print date. Therefore, this document provides links to on-line or telephone resources that provide information on community organizations and services available to Washington County residents. These community resource directories and guides have been included because they are sponsored and/or maintained by entities likely to remain in existence, and meanwhile they cover a range of community resources.

Washington County Chamber of Commerce

701 Washington Street
Plymouth, NC 27962
252-793-4804

Email: chamber@washconc.org

Business Hours: Wednesday – Friday, 10:00 am – 4:30 pm

***Washington County School District**

Washington County Board of Education

802 Washington Street
Plymouth, NC 27962
Office: 252-793-5171
Fax: 252-793-5062
Website: <https://wcsnc.org/>

Pines Elementary School

3177 US Hwy 64
Plymouth, NC 27962
Office: 252-793-1137

Washington County Union Middle School

1137 East Mill Pond Road
Roper, NC 27970
Office: 252-793-2835

Washington County (Plymouth) High School

800 East Main Street
Plymouth, NC 27962
Office: 793-3031

Creswell Elementary School

200 7th Street
Creswell, NC 27928
Office: 252-797-7474

Washington County Early College High School

102 NC Hwy 32 N
Roper, NC 27970
Office: 252-793-1327
Fax: 252-792-6644

***Higher Education**

Martin Community College

1161 Kehukee Park Road
Williamston, NC 27892
252-792-1521

Website: <https://www.martincc.edu>

Beaufort County Community College

5337 US Hwy 264
Washington, NC 27889
252-946-6194

Website: <https://www.beaufortccc.edu>

East Carolina University

East Fifth Street
Greenville, NC 27858
252-328-6131

Website: <https://www.ecu.edu/>

Elizabeth City State University

1704 Weeksville Road
Elizabeth City, NC 27909
252-335-3400

Website: <http://www.ecsu.edu/>

College of the Albemarle – Edenton-Chowan Campus

800 N. Oakum Street
Edenton, NC 27932
Phone: 252-482-7900
Fax: 252-428-7999

Website: <http://www.albamarle.edu/about-coa/edenton-chowan-campus>

***Parks & Recreation**

Town of Plymouth

124 East Water Street
Plymouth, NC 27962
252-793-9101

***Washington County Recreation**

603 Adams Street
Plymouth, NC 27962
252-793-6607

Plymouth Country Club

Golf Course & Country Club
301 Golf Road
Plymouth, NC 27962
252-793-3034

***Public Health Department & Home Health**

The Martin-Tyrrell-Washington District Health Department (MTW) is a district Public Health agency in rural, northeastern NC serving the three counties of Martin, Tyrrell and Washington. MTW has provided over 50 years of service to the residents living in the district.

The district Public Health agency provides the following healthcare services: immunizations, diabetes care and management, women's preventive health, family planning, BCCCP, maternal health, maternal care coordination, pregnancy care management, adult health, child health, WIC and nutrition counseling, communicable diseases including STDs, dental care, Public Health Preparedness and Response, public information, interpreter assistance, home health care, environmental health, and health education.

Washington County Health Department (MTW District Health Department)

198 NC Hwy 45 N
Plymouth, NC 27962
252-791-3112
<http://www.mtwdistricthealth.org>

Roanoke Home Care

198 NC Hwy 45 N
Plymouth, NC 27962
252-791-3145
After Hours: 1-800-842-8275
<http://www.mtwdistricthealth.org>

***Washington County Healthcare**

Plymouth Family Care – Dr. Beverly Lewis, MD

983 US-64
Plymouth, NC 27962
Office: 252-793-1010
Office Hours: Monday – Friday, 8:30 am – 4:45 pm

Family Medicine – Dr. Robert Venable, MD

1004 US-64
Plymouth, NC 27962
Office: 252-793-7731

Inner Banks Family Medicine

543 US Hwy 64 W
Plymouth, NC 27962
Office: 252-791-0993

Roanoke Chowan Community Health Center - Creswell Primary Care

9500 NC Hwy 94
Creswell, NC 28928
Office: 252-797-0135

***Home Health Agencies, Nursing Homes/Assisted Living**

Roanoke Home Care

198 NC Hwy 45 N
Plymouth, NC 27962
Office: 252-791-3145
After Hours: 1-800-842-8275
<http://www.mtwdistricthealth.org>

Interim Healthcare of Plymouth, Inc,

383 Hwy-64 West, Suite 8
Plymouth, NC 27962
Office: 252-793-1000

Carolina's Home Care

121 East Water Street
Plymouth, NC 27962
Office: 252-791-0093

Convenient Homecare

115 East Main Street
Plymouth, NC 27962
Office: 252-791-0083

A Plus Results

106 East Water Street
Plymouth, NC 27962
Office: 252-793-6500

Roanoke Landing Rehabilitation & Nursing Center

1084 US-64
Plymouth, NC 27962
Office: 252-793-2100

Cypress Manor

503 West Buncombe Street
Roper, NC 27979
Office: 252-791-0002

***Dentist Offices**

Dr. Amanda Williams, DDS

Martin-Tyrrell-Washington District Health – Washington County Dental Clinic

198 NC Hwy 45 N
Plymouth, NC 27962
Office: 252-793-1851

Dr. Terry E. Thompson, DDS

102 Brinkley Place
Plymouth, NC 27962
Office: 252-793-1200

Earp Dentistry

363 US Hwy 64 West
Plymouth, NC 27962
Office: 252-793-5426 or 252-793-5942

***Mental Health**

Trillium

Manages mental health, substance abuse, and intellectual/development disability services in a 26-county area. Trillium partners with agencies and licensed therapists to offer services and support to people in need within their community.

24-Hour Access to Care: 1-877-695-2415

Email: info@trilliumnc.org

Website: <http://trilliumhealthresources.org/>

Vidant Behavioral Health – Plymouth

802 Washington Street
Plymouth, NC 27962
Office: 252-793-1154
Hours of Operation: Monday – Thursday, 8:00 am – 4:00 pm

***Dialysis Centers**

FMC Dialysis Services Plymouth

734 US Hwy 64 E
Plymouth, NC 27962
252-793-6300

Dialysis Care of Martin County, Inc.

100 Medical Drive
Williamston, NC 27892
252-792-2386

BMA of Windsor

1421 B South Kind Street
Windsor, NC 27892
252-794-5041

DaVita Edenton Dialysis

312 Medical Arts Drive
Edenton, NC 27932
Office: 1-800-424-6589
Fax: 252-482-0863

Community & Civic Groups*Plymouth Lions Club**

Golden Skillet Restaurant
167 US Hwy 65 West
Plymouth, NC 27962
Meeting Time: 2nd & 4th Thursday at 7:00 pm

Plymouth Rotary Club

PO Box 323
Plymouth, NC 27962
Meeting Time:

United Fund of Washington County

PO Box 285
Plymouth, NC 27962
252-793-5823

Roanoke River National Wildlife Refuge

114 W Water Street
Windsor, NC 27983
252-794-3808
Email: roanokeriver@fws.gov
Website: http://www.fws.gov/refuge/roanoke_river/

***Farmers Markets and Roadside Stands - Washington County**

<http://healthync.org/>

Bear Towne Market

120 E Main Street
Plymouth, NC 27962
252-271-0200
Open June – October

Silas Norman's Roadside Stand

Hwy 64
Plymouth, NC 27962
252-809-9781
Open May – November

Martin County Farmers Market

4001 W Main Street
Williamston, NC 27892
252-792-1900
Saturdays, 7:00 am – 1:00 pm, May - October

Windsor Super Farmer's Market

112 W Water Street
Windsor, NC 27983
Open May – September

Childcare Centers & Homes*Tyrrell/Washington Partnership for Children – Smart Start**

125-B West Water Street
Plymouth, NC 27962
Office: 252-793-5437
Email: info@tcpfw.org

Beginnings & Beyond

106 Ausbon Drive
Plymouth, NC 27962
252-793-506-3633

Blessing Children Family Day Care

2555 Backwoods Road
Roper, NC 27970
252-793-9848

Creswell Elementary Preschool

200 South Seventh Street
Creswell, NC 27928
252-797-7474

Emonnies Little Angels

904 Jefferson Street
Plymouth, NC 27962
252-793-6680

Ginger's Day Care Home

1734 Morrattock Road
Plymouth, NC 27962
252-217-7575

Grace Filled Beginnings

408 East Main Street
Plymouth, NC 27962
252-793-3029

Kingdom Kids Christian Child Care Center

2381 NC Hwy 45 South
Plymouth, NC 27962
252-791-0552

Mary's Little Lamb Childcare Center

101 Spencer Street
Plymouth, NC 27962
252-791-9925

Open Arms Child Care Center LLC

205 Eighth Street
Creswell, NC 27928
252-797-3892

Pines Elementary Preschool

3177 US Hwy 64 E
Plymouth, NC 27962
252-793-1137

Washington County Head Start

2668 US Hwy 64 E
Plymouth, NC 27962
252-791-0665